During the academic year 2013-2014, the School of Nursing (SON) engaged in a strategic visioning initiative to develop a plan for the future that will guide program development and organizational restructuring to support effective and efficient operations, faculty and staff development, deployment of existing resources and generation of new resources to sustain high quality educational programs and meet future nursing workforce demand. The SON established six strategic visioning workgroups and engaged in a two-day appreciative inquiry retreat to facilitate the development of a strategic visioning plan (SVP). The six work groups were 1) Mission, Values, and Profile of the UNCG School of Nursing Graduate; 2) Program Innovation and Growth; 3) Technology and Online and Executive Education; 4) Global Engagement; 5) Research; and 6) Advancement. Each group had a designated chair, a set of questions to address, and guidelines for collecting evidence to support recommended strategic priorities. The two-day retreat included faculty, staff and key stakeholders from the University and community invited by each vision group. The strategic planning used an appreciative inquiry approach based on the definition of Cooperrider and Whitney:

*Appreciative Inquiry is about the coevolutionary search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. (Cooperrider & Whitney, 2005)*

With the direction and guidance of two appreciative inquiry (AI) facilitators, Jim Weeks and Pam Cash, the SON faculty and staff used the AI approach to co-create the school’s desired future. Also, we involved the School of Nursing’s Advisory Board in an abbreviated version of AI to engage them in strategic visioning. The process involved four steps: discover, dream, design and deliver, shown in the diagram below.
This final report presents the charges for each vision group, the data and methods used by each group to discover and dream the school’s future, and final recommendations for collectively creating our preferred future.

I. Mission, Values, and Profile of the UNCG School of Nursing Graduate

As the UNCG School of Nursing (SON) grows, it will face challenges in meeting the needs of changing academic and healthcare environments within a global environment. This section provides an overview of the work group’s analysis of the current UNCG SON’s mission statement, values and portrait of the graduate, with the group’s recommendations for the future. The work was driven by thoughtful and challenging questions, including these: (1) What is the overall purpose of the UNCG SON? (2) Where have we come from and where are we going? (3)
What are the concepts that should be captured by our mission statement? (4) What are the guiding principles or values that we rely on when we are at our best? (5) What can we learn from the legacy of the Women’s College and the ideals of our unique history? (6) What should be the signature characteristics of a UNCG SON graduate? The group’s methods included open discussions in three meetings held in December 2013 and January 2014 and virtual discussions throughout the spring of 2014; solicitation of feedback from stakeholders including alumni, UNCG SON Advisory Board members, faculty and staff in the SON, and community leaders; and participation in discussions and activities during the SON faculty and staff retreat. The work group also looked at mission and values statements from schools of nursing among UNCG peer universities both within the UNC system and outside the system. Finally, the group compared the proposed mission statement with the UNCG mission and vision statement to ensure congruence.

Mission and Values

The work group agreed that the mission statement needs to be more concise. Additionally, the group concluded that it is important to separate specific SON value statements from the more general mission statement, so that all members of the SON can share the mission. The work group also concluded that it is imperative for the mission statement to include concepts such as a learner-centered community at all levels of degree programs offered by the SON, and to emphasize inclusion, collaboration, and responsiveness. A learner-centered environment is especially important for two reasons. First, in the feedback from stakeholders, including alumni, a common theme was the faculty and staff’s commitment to remaining “learner friendly.” Statements included these: “The faculty is what is unique about the SON at UNCG” and “…the UNCG SON has an esteemed faculty who really care about the success of their students.” Stakeholders viewed this as a positive attribute, and the work group agreed that it is a core concept in the mission of the SON. It is important to include all levels of degree programs offered in the SON in order to ensure that the mission statement reflects all of the areas in which we prepare nurses. This is particularly important given the recent expansions of programs and adoption of new programs to meet market demands. Finally, the work group agreed that key concepts such as inclusion, collaboration and responsiveness should remain in the mission statement because they reflect the key activities of the UNCG SON. Many stakeholders noted that the SON is inclusive of all individuals and all types of learners. Further, comments at the retreat indicated that the SON places high value on collaborative partnerships with community leaders and organizations in order to ensure engaging and meaningful learning opportunities for our students. Finally, the work group concluded that the faculty and staff of the SON are responsive not only to the needs of the learner but also to the needs of the community, region and world in which we serve. One stakeholder commented, “The programs seem to look into the future and prepare graduates for what is ahead and the SON is willing to make changes in how you do business to make the graduate marketable….” Another said, “I think the SON is always on the cutting edge and is very much a part of the community.” Therefore, the work group proposes the following revised mission statement for the UNCG SON. We feel that this statement captures the essence of the UNCG SON and the qualities that make us unique and is closely aligned with the UNCG mission statement and quality enhancement plan (QEP) for
global engagement. We also propose adoption of the UNCG SON values statements given below.

Mission

UNCG School of Nursing is a learner-centered community preparing nurse generalists, advanced practice nurses, educators, and researchers to make a difference in the lives of individuals, families, populations, and communities.

Strategic Vision for the School

The UNCG SON strives to create exceptional learning experiences to transform the profession of nursing, one learner at a time.

SON Values

- Innovation-- creating experiences that meet evolving learner and health care needs in a variety of formats and settings.
- Engagement-- building community partnerships
- Scholarship--advancing knowledge through collaborative research and evidence-based practice to enhance the discipline of nursing and the health of persons across the lifespan.
- Leadership-- developing leaders to meet local, regional and global nursing and healthcare challenges.
- Diversity--embracing intercultural and global perspectives in learning, inquiry, and service.
- Interprofessional care-- working collaboratively on teams of healthcare providers to deliver comprehensive, holistic care that improves outcomes.
- Healthy role model-- creating a healthy community comprised of students, faculty and staff who embrace and engage in self-care behaviors to achieve their highest practicable level of health.

Portrait of a UNCG SON Graduate

The last phase of this process was the development of the profile of a UNCG SON graduate. After careful consideration of stakeholder feedback on what current graduates look like and what UNCG SON graduates of the future should look like, four major characteristics were identified: (a) competent caregiver, (b) communicator, (c) professional, and (d) culturally competent provider. The group believes that these characteristics closely align with SON program goals and are reflective of all levels of degree programs offered by the SON. Therefore the committee recommends their adoption.
The UNCG SON graduate will be a knowledgeable, competent, and responsive caregiver who is

- responsible and accountable
- a safety advocate
- a critical thinker
- confident
- innovative
- compassionate

The UNCG SON graduate will be a communicator who is

- a patient/family/community advocate
- an educator and resource
- informatics and technology savvy
- a collaborator

The UNCG SON graduate will be a professional who is

- a leader
- autonomous
- a holistic clinician
- a care manager
- an effective team member
- a life-long learner
- committed to evidence-based practice and scholarly inquiry
- adaptable to change
- attendant to personal health

The UNCG SON graduate will be a culturally competent provider who is

- aware of his/her own culture as it relates to other cultures
- committed to providing culturally informed care to diverse communities

The committee does not feel a need to revise the philosophy of the SON at this time and considers these proposed revisions to the mission, values, and portrait of a graduate to be congruent with the philosophy as currently stated.

Mission, Vision, Graduate Profile Group Members: Denyse Coker, Kay Cowen (co-chair), Jacqueline DeBrew, Jeanne Jenkins (chair), Linda Lamberson, Jayne Lutz, Annie Martin, Diana McHenry, Nida Mullins, Connie Rankin, Anita Tesh.
II. Program Innovation and Growth

The workgroup on Program Innovation and Growth addressed 1) important issues confronting the region, state, nation and world, and the SON’s response to those issues; 2) emerging fields and specialty areas to which we should be paying attention and in which we should be pioneering; 3) schools we should be emulating; 4) innovative teaching/learning programs and economical paths to degree completion at other schools, 5) the SON's strengths and weaknesses in learning and teaching, and institutional barriers to innovation; and 6) factors that need to be considered in evaluating new and existing program offerings.

Data were gathered from multiple sources. We listened and took careful notes on comments made at our two-day faculty retreat which was attended by alumni, community members, current students, faculty and staff. We next sent a Qualtrics survey to all current generic and RN to BSN students asking about their future plans for graduate school. We received 100 responses in the 7 days the survey was open. Results indicated that 92% planned to pursue a graduate degree. School reputation was by far the most important factor choice when choosing a program to attend; cost, distance from home and whether the program is fully online were next in order of importance in choosing a program. The lowest priority was given to a program mostly on campus. Almost a quarter of respondents (23%) wanted a fully online program; and 77% selected a blended program. When asked how likely they were to attend UNCG for graduate school: 25% said they were very likely, 40% likely, 22% unlikely and 13% very unlikely to choose UNCG. When asked when they planned to start, the largest number said 2016 (21 respondents), 16 said 2015, 14 said 2017, 5 said 2014 and the rest said a later date or were undecided. The graduate programs they planned to attend were Administration (6%), CRNA (24%), Nurse Educator (8%) and Nurse Practitioner (NP) programs (62%). Among those who chose an NP program, the specialty choices were family nurse practitioner (32%), adult/gero primary care (24%), Pediatrics (19%), Psych/Mental Health (4%), Adult/gero acute care (3%) and other (18%- write ins were mostly for midwifery).

Because our strategic planning group was large and it was difficult to find a time for all to meet, we then designed another Qualtrics survey to determine what our SON priorities should be for program growth/innovation based on the data we had received. Our discussion of issues and our recommendations follow.

Important Issues Facing the Region, State, Nation and World and the Response of the SON to These Issues

The Institute of Medicine’s (IOM’s) Future of Nursing report clearly states that 1) nurses should practice to the full extent of their education and training, and 2) nurses should achieve higher levels of education and training through an education system that promotes seamless academic progression. Specific recommendations of the IOM included increasing the proportion
of nurses with a baccalaureate degree to 80% by 2020, doubling the number of nurses with a doctorate by 2020, and ensuring that nurses engage in lifelong learning.

The IOM report also states that currently much of nursing education is focused on acute care rather than community settings (primary care, public health, long-term care), and care coordination skills are not being taught. Students are not being taught to navigate the regulatory and access stipulations that determine eligibility/enrollment in health service programs, or to understand how health policies affect patient outcomes and population health. According to the report, “Nursing curricula need to be reexamined, updated, and adaptive enough to change with patients’ changing needs and improvements in science and technology.” There is also a need to move from task-based proficiencies to higher level competencies that are essential in a variety of care settings. Students need competencies in decision making, quality improvement, systems thinking and team leadership. North Carolina has not had the kind of economic recovery that much of the country has experienced. Our state universities are thus not likely to receive more money/resources for some time. Further, in 2013, the NC legislature rejected an option to expand Medicaid, as part of the Affordable Care Act (ACA), and in doing so forfeited $20 million in federal funds. This has had an enormous impact on over 300,000 uninsured North Carolinians who are living below the federal poverty level, since they now are ineligible for Medicaid and they do not qualify for subsidized health insurance coverage under the ACA. Researchers estimate that by 2016, 1.2 million people in NC will be uninsured. The health care system will thus see a higher volume of uninsured individuals, and safety-net clinics, hospitals, and private primary care providers will be over burdened with ill individuals who have delayed care due to a lack of insurance coverage. Increasing the number of primary care providers, such as nurse practitioners, and implementing innovative health care delivery models will be critical. A recent report (Carnevale & Smith, 2012) projected that in NC healthcare occupations are expected to grow the fastest of all occupations. UNCG SON thus has the opportunity to provide innovation and growth to support the citizens of NC.

While we are meeting the IOM and State workforce needs by educating BSN prepared nurses, master’s prepared educators, administrators and advanced practice nurses, as well as PhD-prepared nurse scientists, we believe our programs have become outdated and have not kept up with other programs in our state in terms of innovation and growth. When updating our current curriculum, competency based and concept based models should be considered, along with the inclusion of student portfolios.

**Emerging Fields and Specialty Areas to Which We should Be Paying Attention**

Our faculty and administrators regularly attend the meetings of the American Association of Colleges of Nursing and the National League for Nursing, as well as other national and regional “education focused” conferences where innovations and new programs are routinely presented. This information, however, has not “trickled down” to innovation in our SON.
We believe that there should be more formal presentation of new program innovations to the general faculty on a regular basis. Specifically, we recommend the following:

- Targeted faculty development for junior faculty.
- Use of innovative teaching strategies and creative methods for instructional delivery by faculty members (using the resources of the Faculty Teaching and Learning Center more formally).
- More active engagement of students in their learning: the majority of our undergraduate courses are still being taught in a traditional lecture/paper-pencil testing format. Faculty are resistant to change and thus a more formal “requirement” would be necessary with a total curriculum transformation.
- Effective organizational structures utilizing staff to support faculty success.
- Curriculum development, including innovative courses that we do not currently offer, for example genetics, holistic therapies.
- Web-based student and faculty handbooks with links to programs students may go to for help on campus (writing/math centers, counseling centers, financial aid, etc.).
- Defined policies and procedures for undergraduate/graduate students that include consistent consequences for late work, absences from class and clinical, snow days, etc.
- Standardized advisement: randomly assigning students to faculty based on numbers is not serving students or faculty as well as more targeted assignments would serve them.
- Small group discussions for new faculty with more senior faculty to discuss questions, concerns, and innovations and to provide peer support.
- The formation of writing circles to facilitate faculty publishing.
- Renovation of our large lab with apportioning into patient rooms, without the need for lecture area.

Schools of Nursing We Should Be Emulating

The group concluded that there is no one “best” school to emulate, though clearly East Carolina University (ECU) has become our largest competitor. We are obviously far behind with online programs. This is not just an SON issue but is also a University issue. We will be unable to grow online programs or develop new programs if our courses are offered online but general electives, needed cognates, etc., are only offered on campus. It was disappointing to read the January/February issue of the North Carolina Medical Journal, which focused on the education of health professionals in NC, and not find a single mention of UNCG. There were articles on interdisciplinary education strategies (we are not doing those), partnerships between universities (i.e., Duke’s Nursing PhD program and Winston Salem State University), growth in online programs (which we are doing on a very limited basis since our online programs still bring students to campus 2-3 times/semester), and partnerships between universities (including mention of the RIBN program that several SONs in the state have embraced), and high quality simulation.
Innovative Programs at Other Schools of Nursing

**ECU.** ECU School of Nursing currently offers a generic program (4 academic semesters and 1 summer), a 100% online RN to BSN program, 100% online MSN offerings in Adult-Gero NP, CNS, Nursing Administration, Neonatal NP, FNP, Midwifery, and Nursing Education, as well as a campus based CRNA program. They offer an alternate entry MSN for those with a bachelor’s in another field. Their Doctor of Nursing Practice (DNP) program is 100% online (full or part time). The PhD program is campus based (part or full time).

**UNC Charlotte.** The generic BSN program has twice year/admissions, and the RN to BSN program is 100% online. Master’s programs are offered in FNP (core online), Adult-Gero Acute Care NP, CRNA (core online), Community Nursing (online), Nurse Educator (online) and Nursing Administration (online). An RN to MSN program is offered. The DNP is also offered.

**Western Carolina University.** The generic BSN program admits twice/year- four semesters). Accelerated BSN and RN to BSN programs are totally online, master’s programs are Nurse Educator (totally online), FNP, CRNA, Nursing administration (totally online). They offer the DNP, and there are RN to MSN/DNP options.

**Liberty University.** They offer a generic BSN, RN to BSN (100% online), MSN in Nursing Education (totally online), and an RN to MSN option.

**The University of Tennessee Health Science Center in Memphis.** They offer the generic BSN (four semesters), the RN-BSN (totally online), the Clinical Nurse Leader (CNL) master’s program (2 semesters- online), the DNP (3 years for RNs or non-nurse practitioners with an MSN and1.5 years for an MSN-NP) in Adult –Gero Acute Care, FNP, Forensic, Psych-Mental Health, CRNA, Pediatric, Neonatal, dual ANP/FNP, and dual psych/FNP. They also offer the DNP/PhD and the PhD.

A review of competitor programs clearly identifies our lack of program “options” and innovation. We are “behind” with 100% online options (especially the RN to BSN program). We do not offer accelerated programs (BSN or MSN/DNP), additional ARNP options, or innovative programs (e.g., CNL).

We believe we must work with other departments on campus to offer joint degree programs, but this will require them to be more open to online course offerings. Suggestions include genetics, counseling (neither of these programs offers many online courses at the present time), and nutrition. UNCG does not offer many summer courses although we offer a winter term. The planned DNP in Administration will use winter terms. An issue remains with DCL controlling enrollment and finances when courses are offered outside of the traditional two-semester format. Additionally, the FNP should be pursued. While the argument has been made that we would not have any preceptors for the program, a review of the 80 different preceptors
used in the last academic year found that 17 (21%) were either FNPs or family practice physicians.

**Strengths and Weaknesses in Innovation and Ways to Build Our Capacity**

Assessing these issues overlaps with the work of the Technology Strategic Vision group, who have a similar charge. Therefore, here we will simply note that we have the faculty expertise to strengthen innovative teaching. However, we have institutional barriers, including financial barriers (DCL), and a lack of General Education/Elective courses that are offered fully online.

**Factors to Be Considered in Evaluating Program Offerings**

Faculty expertise and numbers, University policies (e.g., with regard to summer courses, DCL, etc.), community needs, space, current enrollments, and financial costs should all be considered.

**Recommendations**

UNCG SON plans to educate students for the new millennium with innovative, fiscally responsible programs. Our curricula will offer streamlined, competency-based approaches to support student learning and timely graduation. The top priorities we have identified are these:

1. Revise the undergraduate curriculum to be more up to date/innovative (with accelerated options, competency-based curricula, more efficient use of faculty, use of student portfolios). Innovations in curricula are essential (such as the use of avatars for clinical decision making, interdisciplinary clinical experiences).
2. Expand DNP options based on faculty adequacy and community partnerships. Offer a post-master’s DNP. FNP was the top “write in” choice of our students although there is also a critical need for Psych/Mental Health DNPs in our community, especially with a geriatric focus. We could meet this need by offering an FNP certificate to A/GNPs. We believe there are many mental health providers and facilities in the surrounding area (for example, Cone has an entire behavioral health hospital) that would support pursuit of a psych/mental health APRN option. We currently have many FNPs on our faculty; we will need to recruit psych/mental health APRN faculty if we decide to pursue this specialty.
3. Institute continuing education/lifelong learning.
4. Develop RN to MSN/DNP options to attract the best RN students.
5. Develop interdisciplinary programs that would “set us apart” from other schools of nursing, such as the - BSN in public health, nutrition, psychology, genetics, counseling, etc., MSN/DNP in counseling, genetics, etc.
6. Use simulation labs year round.
Progress to Date

We have instituted year round simulation, expanded the RN to BSN program, and improved clinical coordination with faculty development and simulation coordinators. We have begun undergraduate curriculum revision with the elimination of 210/220 and NUR 215. We have eliminated NLN exams and will open two new RN to BSN sites in the fall. We are exploring sites now. Consultant Marilyn Oermann (Duke) will lead us in beginning the curriculum review process starting in the first week of the semester. We will immediately form a task force together/ and elect a facilitator.

Goals

New curriculum to be ready for Fall 2015. Consultant needed. Post BSN programs operationalized in Fall 2015 as planned.

Program Innovation & Growth Group Members: Ashley Bethel, Denise Cote-Arsenault, Lilly Granger, MaryK McGinley, Debbie Hancock, Yolanda Hyde, Blondie Johnson, Ellen Jones, Don Kautz, Julie Kordsmeier (co-chair), Heidi Krowchuk, Kobie Leiper, Susan Letvak (chair), Liz Rende, Randolph Rasch, Karen Stacherski, and Debra Wallace.

III. Technology and Online/Executive Education

The Technology and Online/Executive Education group addressed the following questions: What are other schools of nursing doing to leverage learning technologies to increase their reach and facilitate degree completion? What are UNCG’s current executive education offerings and strengths for adding additional programs? What are regional healthcare organizations’ needs for online/executive education programs? What are current trends in online and executive education? What opportunities in online and executive education can we leverage to further our mission? Prior to the strategic planning retreat, our group divided up the initial questions and gathered information from the internet and other sources; and we have used this information to supplement the group work done at the retreat. Here we address the questions posed at the beginning of the process and propose priorities for the School of Nursing in the area of technology and online/executive education.

Online and Executive Programs at Other Schools of Nursing

Many schools of nursing have online programs or executive formats (intensive seminar formats) that increase their geographic reach and their enrollments. Four schools’ offerings are described below as examples.
East Carolina University is our closest competitor in the online environment. They have a large graduate online presence, offer the MSN in several concentrations completely online, are planning an alternate entry MSN that will be online, and offer a DNP online. They also offer continuing education to nurses in their faculty’s areas of expertise. They have a technology link on their website with good information for students and faculty (for example, http://www.nursing.ecu.edu/get_started.htm). They have recently adopted a strategic plan that addresses innovation and degree completion (http://www.ecu.edu/cs- acad/ipar/planning/StrategicPlans.cfm#).

Thomas Edison State College (Trenton, NJ) (http://www.tesc.edu/nursing/) is a leader in online education. The vast majority of their degrees are offered totally online with no on-campus component. They have a great support network for online faculty and have developed rubrics for grading so that grading is somewhat standardized. They expect their students to be self-directed online learners and they teach them how to succeed in that. Their mission/philosophy states that "The W. Cary Edwards School of Nursing mentors believe that independent and self-directed study in a mentored, online environment is the hallmark of the academic programs offered to students by the W. Cary Edwards School of Nursing. In this learning environment, the student, as an adult learner, interacts and collaborates with mentors and peers to create and enhance a dialogue within a community of learners.” A School of Nursing faculty member has visited this program and was very impressed with the technological and pedagogical support given to online faculty, many of whom live very far from the College.

Western Governor's University (Illinois) has a competency based BSN program in which pre-licensure students take classes online and have clinicals with staff nurse "coaches" (experienced staff nurses/clinical experts) and “mentors,” who are WGU faculty who oversee the process. They also have RN-BSN and master's programs. http://www.wgu.edu/online_health_professions_degrees/online_healthcare_degree

Case Western Reserve University's DNP program has an executive and cohort format. http://fpb.case.edu/DNP/ One of our faculty is a current student in their online DNP and can be a great resource about how the executive format is structured.

George Mason University also offers a DNP program which uses an executive format (front-loaded class work on campus, periodic on-campus classes, and the rest of the work online). http://chhs.gmu.edu/dnp/index.cfm

Medical University of South Carolina (MUSC) offers all master’s-level courses via an online format; courses with a clinical component utilize preceptors arranged by the College of Nursing. The program is listed as “online with a few visits to campus.” The undergraduate nursing program offers non-clinical courses online. (http://academicdepartments.musc.edu/nursing/academics/masters/)
The DNP offers both on-campus and online options. The website states that all newly admitted DNP students will be required to travel to MUSC to attend orientation held in the last week in July, to present their project proposal during NRDNP 862, and to make a final poster presentation during the last residency class. In addition, Post-BSN students have to travel to campus during NRDNP 856, 864, 865, and 866. The PhD program is only online.

Vanderbilt University offers master’s-level coursework and DNP coursework in an executive education format. Courses with a clinical component utilize preceptors in the student’s community.

**Current Executive Education Offerings at UNCG and Strengths for Offering Additional Programs**

At UNCG, there are several online and/or executive format degree and certificate programs (http://online.uncg.edu/). These include the Bryan School of Business and Economics’ Master of Science in Information Technology and Management (http://www.uncg.edu/bae/online/MSITM_online.htm), the Bachelor of Arts in Liberal Studies (http://www.uncg.edu/aas/bls/), and the online Kinesiology program (http://www.uncg.edu/kin/), which requires three campus visits, but is otherwise offered online. Additionally, a number of certificate programs are offered online, including the Non-Profit Management graduate certificate (http://learnonline.uncg.edu/nonprofit-management-certificate).

In the School of Nursing, our MSN concentrations in Nursing Administration and Nursing Education are offered 100% online. As noted above, ECU, our closest competitor, also offers 100% online education in these areas. Additionally, the out-of-state schools listed above are our competitors in these areas.

We have the ability to offer our RN-BSN program either totally online, in a hybrid format, or in an executive format. We also could easily offer our non-clinical pre-licensure BSN courses online or in a hybrid format. If we offered pre-licensure, 200 level pre-nursing courses online or in an executive format in the summer session, that could potentially increase our enrollment in the upper division.

**Regional Healthcare Organizations’ Needs for Online and Executive Education**

With the emphasis on BSN preparation for nurses and master’s requirements for nursing leaders, we foresee a need for additional RN-BSN and master’s offerings in online and/or executive formats. The executive format meetings may be well received if held onsite at the healthcare organization.

A contact at Forsyth Health System has reported that their nursing leaders would benefit from executive style education. Currently, they foresee needs for master’s degrees and an RN-
BSN program for their nurses. They note that they would prefer online or executive style education (“the fewer trips to campus, the better”) to allow maximum flexibility for nurses to enroll.

A contact at Wake Forest University/Baptist Health system has stated that nurses at that facility are interested in pursuing master’s degrees (she specified Nursing Education, Nurse Anesthesia and Nurse Practitioner). She also noted that the hospital encourages all nurses to get a BSN, so an RN-BSN option would be attractive. She said that most of the nurses she knows about who are either attending a program or considering furthering their education would prefer an online format to best fit their lifestyle.

A contact at Cone Health has expressed interest in continuing education offerings (synchronous online offerings) such as use of computer programs for educational purposes (she mentioned Apple products, Captivate), clinical informatics, and cloud computing use for nursing practice.

A few years ago, Pfeiffer University offered a Master’s in Health Administration program at Moses Cone, High Point Hospital, and at Forsyth (the cohort at Forsyth was open to employees only, while the other sites accepted non-employees of the hospital also). For the most part, Pfeiffer employees traveled to those sites to offer the courses. Occasionally, a course was offered online. Students never had to go to Pfeiffer. We talked to one student, who really valued the fact that Pfeiffer came to them, because she did not want to learn online. She said that although initially it was not important to her that her classmates were fellow Cone employees, this became helpful for group projects because of their proximity. She stated that although a few of the courses were rigorous, others seemed “easy,” and she was annoyed that everyone did not seem to produce equal quality products though everyone got equally good grades. She felt that the standards for adult learners were overall quite low. Some nurses at Cone got this degree instead of an MSN in Nursing Administration.

**Current Trends in the Use of Technology and in Executive and Online Education**

The table below summarizes current trends in nursing education and the changes involved.

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<td>Focus on information</td>
<td>Focus on processes &amp; outcomes</td>
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<td>Apprenticeship training</td>
<td>Professional education</td>
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<td>Passive student</td>
<td>Involved learner</td>
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<tr>
<td>Medical model (body systems)</td>
<td>Nursing model (patient needs)</td>
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<tr>
<td>Skill orientation</td>
<td>Blending skill &amp; theory</td>
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<td>Basics of care</td>
<td>Broader scope</td>
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<td>Isolated topics &amp; nursing practice</td>
<td>Integrated concepts &amp; teamwork</td>
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<td>Doing</td>
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R. Simpson, who has written on technology as key to transforming nursing education, emphasizes that the faculty member needs to be a mentor/facilitator of self-directed learning as opposed to a lecturer or podium presenter. Both Simpson and Valiga concur with the IOM’s recommendation that nursing education be a cooperative process that includes students, staff, faculty and individuals across the multidisciplinary health care team.

Online virtual gaming uses multi-dimensional learning environments to allow students to interact with virtual patients using avatars in virtual clinical situations (virtual reality simulation and virtual clinical practicums). Increased distance education programs could expand the reach of UNCG to more remote areas.

T.A. Murray has proposed other innovative ideas, including strategic partnerships with organizations and other programs to share resources, and collaborative learning between staff nurses and students, facilitated by faculty. This would also facilitate the transition from education to practice.

One faculty member has reported personally using You-Tube a lot in her classroom teaching. The students also often volunteer videos they have seen when studying on their own. Students seem to appreciate hearing from outside sources who use interesting technology (screen casts) such as Microsoft Paint (as the digital whiteboard) and Screen Video Recorder to create initial lessons. Khan Academy now uses a Wacom Bamboo Tablet with Smooth Draw to create these doodles on the computer screen, which are then recorded to video using Camtasia Studio on a Windows PC. TechSmith, the company behind tools like SnagIt and Camtasia, has released a free iPad app called ScreenChomp that makes it possible to create screencasts with audio narration on the go. First, you draw freehand on the iPad’s touch screen – the app offers 12 colored pens to choose from – and as you doodle, your voice gets recorded in sync with the drawing. These videos are useful to break down complex concepts to micro content that students can grasp easily and watch repeatedly at their leisure and without the faculty member’s physical presence.

Often our students struggle with computer skills and have problems navigating technology. Purdue University School of Nursing received a grant to begin a completely online program for undergraduate students. Using funding from this grant, first semester freshmen were given an iPod touch and essentially enrolled in a virtual boot camp where they were required to
develop the skills required for college level education. The students had access to a live/real time “computer geek” to help them with technology and the use of simple programs such as MS Word, Power Point, pdfs, uploading, downloading, pod casting, etc. The boot camp was set up in Blackboard and occurred 2 weeks before classes began. The online “geek” was available to guide the students and assist them in completing these tasks.

It is important to note that IPads, Ipods, gaming devices and other computer hardware are very expensive. Using software already available through the University is likely to be a more cost efficient way to improve outcomes. This will require collaboration with other units such as Information Technology (IT) to find out what is available.

Some SON faculty members are already using podcasting to reach distance education students. One faculty member has presented about this at a national conferences, and others are also using it. The software to create podcasts is free, though there seems to be a learning curve that will require some faculty development. Some faculty are also using synchronous discussions with technology such as Google Plus.

There are multiple opportunities to use technology in the School of Nursing; we just need to take advantage of them. A good example is the simulation mannequin in room 402. His full capabilities have never been used. The mannequin is built to sustain defibrillation though no one has ever tested this on him. We liken this to buying a Lamborghini and never taking it out of the driveway. Clearly, we are not using the full potential of the mannequin.

Efforts in the SON related to technology should be aligned with our mission, goals and value statements, which should all reflect innovation and creativity. Many of the technologies listed above are already available and/or free (social media, YouTube, podcasting). Others can be used in collaboration with the University (hardware/software) or other units (game development, theatre, Bryan School of Business and Economics, etc.). Our own students are very creative and innovative. They all understand economics and education and the need of more for less. If we asked the students to come up with ideas they would like to see put in place, we would get a wealth of information.

We should therefore conduct student focus groups to gather data on how we might use more technology in our teaching. We could start the conversation with the question, what can we do to make learning more fun and innovative? This would probably lead to a discussion of technology and its use in the School of Nursing. Asking the students to be specific in their suggestions will be essential: broad statements such as increasing the use of technology are not helpful. We could also ask their thoughts about providing their own technology. Many of them already have PDAs, Ipads, Ipods, etc. Would they be willing to include the use of these in their learning within and outside of the classroom? What opportunities do they have to obtain these on their own (used, rental, borrowed etc.)?

Opportunities in Online Education and Executive Education to Further Our Mission
We can enhance our current support in online learning and technology to enable faculty to learn about/use new technologies. Support staff could do the following (this may require additional professional development for support staff):

- Meet with interested faculty individually to look at their syllabi and brainstorm ways to meet student learning outcomes (SLOs) with technology and in an online environment. Hold informed discussions about resources available at UNCG to meet faculty goals and efficiencies in online instruction (for example, best ways to submit online assignments, best ways to set up online testing, best ways to deliver synchronous and asynchronous instruction, taking into consideration the best ways for students at home to receive it).
- Come to class or participate in synchronous sessions occasionally to train students on online technology/software and support students synchronously and asynchronously as they learn to use the technology (i.e., take the burden off faculty to be the experts in technology).
- Be aware of all technology resources on the campus and facilitate faculty access to them (i.e., Digital Media Commons, Faculty Teaching Learning Commons (FTLC), PowerUp workshops, DCL, etc.)
- Constantly investigate new technology, inform faculty of available software, and teach faculty how to use it. This could be done with periodic technology workshops in the school, regular presentations at plenary faculty meetings, and invited presentations at department meeting. The support person could find out about resources and see if faculty are interested in using them. Support persons should become aware of what faculty are teaching, and seek out faculty for whose courses certain technologies might be especially useful. Additionally, there could be a monthly “Innovations in Education, Research and Practice” discussion item on the plenary faculty agenda where different groups could present/share innovative strategies in these areas.
- When asked by faculty, learn a new technology, teach it to students and support them in its use.
- Serve as a resource person/coordinate faculty learning communities where faculty of like technology needs (for example, faculty who teach synchronously online) could gather and share ideas and latest trends.

Communicate to faculty what is going on in the campus related to online learning/technology. Develop and maintain a resource site for faculty (perhaps on SON website or some other site) for technology news and tools.

Also, campus wide, 6-tech support personnel could be better trained to assist students with online learning platform problems. Examples of resources related to technology available on campus include these:
• From the Bryan School: https://baecourses.uncg.edu/facultyresources/
• From the School of Health and Human Sciences: https://hhs.uncg.edu/wordpress/oap/

There may be grants to provide additional technology and we should investigate these (perhaps in conjunction with other schools/departments on campus). The Health Resources and Services Administration (HRSA) has funded some of these.

**Recommendations**

Become a destination school by delivering high quality online nursing education programs using best practices. (To accomplish this, we will need to change the perception that online education is not as effective as face-to-face education.)

• Recruit students both inside and outside NC (being aware of restrictions on recruiting out-of-state students).

Investigate offering continuing education for nurses. At the strategic planning retreat, we discussed the option of offering continuing education (CE) courses (such as a 45-contact hour course to meet the Board of Nursing requirements for educational preparation for faculty, similar to ECU’s NEEDs course. We could make a more attractive offering than ECU’s (which has been described by some who have taken it as “bare-bones”) by using videos, etc., and also by designing outcome assessments requiring more critical thinking. We could also emphasize the networking opportunities that students will have with each other online and create a nursing online learning community.

• Develop an online RN-BSN program in conjunction with rural NC community colleges not already participating in RIBN programs.
• Offer all of our core master’s/DNP courses totally online.
• Offer MSN concentrations (Administration and Education) totally online.
• Offer non-clinical BSN courses (such as research, pharmacology, leadership, NCLEX review, gerontology, community health) online or at least in a hybrid format.
• Provide faculty training in online teaching and support for best practices in online education.

Deploy simulation technology to enhance learning outcomes. Develop faculty “champions” for simulation and online learning, who will get people interested in learning about these areas.

• Increase training for clinical faculty in the use of simulation and simulation tools (would enable faculty to quickly decide to use a simulation experience if, for example, the unit is not busy that day).
• Improve the simulation lab and provide dedicated simulation technical personnel and a faculty simulation coordinator.
• Bring in new or prospective nursing students to expose them to simulation before they start clinical courses or enroll (to decrease fear and apprehension, increase excitement).
• Develop an online library of simulation resources.
• Develop and make available an online tutorial about how to do simulation.
• Increase use of physical resources we already have in place (equipment, rooms).
• Make it easier for faculty to use our existing simulation resources.
• Use simulation in all levels of undergraduate program and as appropriate in graduate programs.
• Consider offering CE programs that use or teach how to use simulation.

Create an online marketing presence for prospective students and donors.
• Increase training for clinical faculty in the use of simulation and simulation tools (would enable faculty to quickly decide to use a simulation experience if, for example, the unit is not busy that day).
• Improve the simulation lab and provide dedicated simulation technical personnel and a faculty simulation coordinator.
• Bring in new or prospective nursing students to expose them to simulation before they start clinical courses or enroll (to decrease fear and apprehension, increase excitement).
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• Use simulation in all levels of undergraduate program and as appropriate in graduate programs.
• Consider offering CE programs that use or teach how to use simulation.

Technology and Online / Executive Education Group Members: Jeanne Christman, Peggy Hewitt, David Kinsey, Lynne Lewallen (chair), Hillary McAlhany, Wade Maki (Department of Philosophy), Angela Newman, Dan Schipman, Reagan Sugg, Elizabeth Van Horn, and Brad Wrenn.

IV. Global Engagement

Global citizens step out of their comfort zone, practice cultural humility and awareness, and extend into the community and across the globe (SON Retreat, January 6 & 7, 2014).

The Global Engagement work group examined current global engagement in the School of Nursing and discussed factors to enhance our global engagement. Students (undergraduate,
RN to BSN, graduate), staff, key individuals from the University including individuals representing International Sponsored Programs and those from schools and departments that have international committees at UNCG (Health and Human Science and Education), and individuals from other universities (Winston Salem State University, Western Carolina University, UNC Pembroke, UNC Wilmington, UNC Chapel Hill, UNC Charlotte, Queens University, Lenoir-Rhyne, Fayetteville State University, East Carolina University, Duke University, Barton College, NC A&T State University, NC Central University, Gardner-Webb College) were surveyed. We set our goal for the School of Nursing as the “Integration of intercultural and global experiences and perspectives into teaching, research and creative activity, and service at the School of Nursing.”

We used the following definitions: Intercultural is "a set of cognitive, affective, and behavioral skills and characteristics that support effective and appropriate interaction in a variety of cultural contexts” (Bennet, 2008, p 95). Global involves having the “necessary knowledge, skills, and attitudes to engage effectively in the world community” (The University of North Carolina at Greensboro, Quality Enhancement Plan Global Learning for Global Engagement, 2014 p. 7).

Universities are experiencing an increase in global health activities and the School of Nursing can be in the forefront of this movement (Merson & Chapman, 2009). We can assist students to develop a global mindset through adoption of initiatives and programs that will expand their understanding of cultural humility and competence (Hook, Davis, & Owen, 2013). Studies have shown that study abroad affects students along five dimensions of global engagement: civic engagement, knowledge production, philanthropy, social entrepreneurship and voluntary simplicity (Paige, Fry, Stallman, Josie, & Jon, 2009).

The School of Nursing has achieved a competitive advantage in attracting students and faculty, including those of various ethnic, racial and national backgrounds, by offering programs and initiatives that support intercultural and international exchanges for students and faculty. In 2013-2014, nursing students were 79% White, 12% Black, 2% Other, 2% Asian, 2% Hispanic, 1% Indian, 1% non-resident aliens, and 1% multiracial.

Programs and initiatives at the School of Nursing that support intercultural and global exchanges for students and faculty include these:

- Various study abroad experiences are offered in the final semester of the senior year. Students receive clinical credit for their service while abroad.
- Community, school, and University partnerships foster opportunities for service learning and leadership in a globally rich environment.
- An elective in culture is offered.

Factors that inhibit global initiatives at the School of Nursing include a lack of resources and a lack of communication among faculty on global issues and initiatives. In order for us to ensure that our graduates are able to meet the health care needs of a highly diverse community,
we need to make students and faculty aware of current global issues and provide them with opportunities to study and work in various cultural and global settings.

**Recommendations**

Prepare students for the intercultural and global society they will be working in.

- Ensure that curricula at all program levels adhere to national standards and accreditation guidelines for cultural competence and cultural humility.
- Ensure that there is a thread of intercultural and global content throughout curricula at all levels. Currently the SON includes the following:
  - The School of Nursing Mission states that we are a “Source of leadership to meet regional and global nursing and health care challenges.”
  - The School's Goals include a goal to provide professional and public service to meet regional and global healthcare needs.
  - The BSN Goals include a goal to function independently and collaboratively within the healthcare system to deliver evidence-based nursing care to individuals, families, groups, and communities.
  - The MSN Goals include a goal to assume leadership roles in promoting quality nursing and healthcare regionally and globally.
  - The PhD Goals include a goal to assume leadership roles in promoting optimal health for ethnic minorities, women, children, and older adults.
  - In the School of Nursing Conceptual Framework, culture is a major component of the metaparadigms of "Person" and "Environment." Figure 1 on pages 7 & 8 of the School of Nursing Handbook indicates how these concepts are used from the sophomore level to the PhD level.

- Develop the ability to use a translator.
- Expand service-learning experiences in our local communities.
- Expand simulation experiences for students to include patients of diverse ethnicities, races and lifestyles. Expand study abroad experiences to include semester long and summer experiences linked to courses, following the School of Nursing and University Study Abroad Committee’s written protocol.
- Promote courses at the School of Nursing for international undergraduate students as study abroad courses.
- Encourage international students to apply to the School of Nursing master’s and doctoral programs.

Promote faculty engagement in intercultural and global activities that include teaching, research and creative activities, and service.

- Encourage faculty to share their global activities by having them report in plenary faculty meetings, via Monday memo, etc.
- Develop online “buddies” with students from international schools of nursing.
• Establish global partnerships with other departments and schools at UNCG (e.g., a Coalition of Diverse Language Communities).
• Establish global partnerships with other universities in NC and across the US (for example, link with the University of Alabama at Huntsville, which has an established Cervical Cancer Prevention Clinic in Cusco, Peru, to provide health services in the area with the highest cervical cancer rate in the world).
• Hold a global conference with another university.
• Establish faculty exchanges globally for teaching, service and research.

Encourage staff to collaborate with students and faculty in intercultural and global activities at the School of Nursing.
• Manage the School of Nursing website so that it reflects the global activities of faculty and students.
• Describe and promote global experiences available to students during advising times, setting a goal that all students will have at least one intensive global experience.
• Share global experiences of students and faculty by means of newsletters and publications in the School of Nursing and the University.
• Promote the international students who are attending our School of Nursing via newsletters and publications in the School of Nursing and the University.
• Participate in activities that expand cultural awareness and humility.

Encourage community partners to collaborate with the School of Nursing to ensure that students have experiences where they learn and provide health care with cultural humility and cultural awareness to diverse populations.
• Develop partnerships and add new sites with community agencies where students may practice with international and intercultural patients (e.g., the Refugee Clinic, Moses Cone Congregational Nurses, etc.).
• Utilize resources on campus that provide opportunities for international and intercultural experiences for students and faculty.

Factors Critical to Success

Trade-offs including the creation of partnerships will be essential. In a partnership, all key players reap benefits while giving of their own resources. For example, if we were to offer a Global Nursing Conference in conjunction with another university, an agreement of responsibility would need to be reached to identify who would provide the site, speakers, CEs, administrative assistance, etc. Although such a conference would mean visibility for UNCG SON, certain expenditures would also occur and would need support by our Dean. Investing in faculty exchanges with a sister institution would require administrative support, possibly external sources of funding, and agreements between the institutions regarding expenses. A web-based course with a sister institution would require support from the Registrar’s Office, coordination with the International Programs Center (IPC), and technical support for proper delivery. Our
students, however, would gain valuable exposure to another culture, health care system, and knowledge.

In order to offer additional intercultural simulation experiences in the curriculum, a dedicated simulation coordinator would be needed to ensure the required simulation availability, and simulators such as paid actors will be needed to offer a diverse patient population.

Offering study abroad courses for international students to take at our School of Nursing or for our students to take abroad would require coordination between our School and the school of nursing that students are going to or coming from, along with the International Programs Center (IPC) and the University Study Abroad Committee.

Offering a pathway for international graduate students to receive a master’s or doctoral degree from our School of Nursing would bring in money through tuition, expose our students to other cultures, and open doors for international collaboration that could include international research.

Finally, in going forward, it will be necessary to find the resources to enhance the School of Nursing’s global engagement. Resources will be needed to support student study abroad experiences for faculty and students, any conferences we might hold, faculty attendance at international conferences, faculty conduct of international research and creative activities, expansion of community partnerships, and international faculty exchanges whether for teaching, service, or research. A global engagement fund is needed to support global activities in addition to existing funds, could perhaps be reallocated toward these activities.


V. Research & Scholarship

Our research and scholarship engages communities in innovative and synergistic partnerships that are adaptable and responsive, in order to produce improved health, effective health systems, qualified graduates, expert faculty, collaborative teams, community impact and funded research. (SON retreats, January 6&7 and May 12, 2014)

The overall goal is to increase research and scholarship activities in the SON through engagement, integration of the value of research across the SON, effective resource utilization (RAs, space, internal funds, statistician, editor, time), workload differentiation and clarity, supportive activities (skills training), marketing and visibility of what we do and its impact), and implementation of consistent and tangible rewards and recognition.
Process. The research working group conducted an assessment and evaluation and developed recommendations using reports, published articles, and group meetings; feedback from faculty retreat group members (n=18) who included clinical agency personnel, students, staff, and faculty members; phone interviews with (n=8) persons external to UNCG who are in research positions or have been successful in obtaining external funding; discussions at departmental, school, faculty and student meetings; meetings with the SON Research and Scholarship Committee; three working group meetings; and informal conversations with University and community members. The following discussion provides a summary of the assessment and evaluation, with recommendations for future activities, allocations, and emphasis.

Market forces. Universities are dealing with market forces, including student access, distance education, faculty retention, quality metrics and financial management, in a manner different from that used in prior decades. In North Carolina, the Big Recession, change from an agricultural to a service and industry economy, high unemployment, and changing legislative agendas have resulted in changing priorities for the UNC System. At UNCG, teaching is the primary mission and faculty responsibility, with research second. Enrollment-based budgeting requires program and unit allocations of teaching, research, and service financial resources, human capital, and material resources. State budget cuts over the past 6 years have resulted in fewer funds to universities, but with continued enrollment sustainability and growth. The result is that funds to support the research mission at federal, state and campus levels have been and will be constant or lower. Support for pilot studies, faculty research workload, travel, research assistantships, consultants, and equipment and supplies is likely to remain constant or be lower during the next 5 years.

SON current expertise and competitive edge

The School’s competitive advantage in research and creative activity is derived from the expertise and experience of faculty, staff and students with vulnerable populations, community based research, and nursing education. We have faculty with expertise in vulnerable populations across the lifespan, and with minorities, immigrants, rural persons, and the educationally and economically disadvantaged. Community based research focuses on health behaviors, lifestyles, mental health, quality of life, and the environment, and deals with primary and secondary prevention, chronic illness, family relationships, childbirth, end of life care and population health. For both vulnerable populations and community based research, specific conditions investigated include diabetes, cardiovascular disease, HIV/AIDS, arthritis, obesity, prenatal/postnatal care, symptom management, provider knowledge and practices, and access to care issues. Both qualitative and quantitative methods are valued, using primary and secondary data sources. Evidence-based practice and quality improvement studies are also conducted. Individual, family and group data collection and intervention are important methods. Research and creative activity in the area of nursing education involve students, faculty members, and patients/clients. Teaching strategies, learning styles, communication, evaluation, e-learning
modes, critical thinking, student, faculty and preceptor characteristics, program development and evaluation, post-graduation activities and access are major foci. As noted above, our overall goal is to increase the emphasis on research and scholarship throughout SON programs, activities, expectations and awards.

**Critical Success Factors**

Critical success factors in research and scholarship are workload differentiation, research infrastructure, development of and recognition of faculty expertise, research visibility, and rewards and incentives for productivity. Also, recruitment and retention of tenure track faculty members will be important for success in developing nurse scientists as recommended by the Institute of medicine (IOM) Future of Nursing Report and the National Institute for Nursing Research (NINR) Strategic Plan.

**Workload.** Guidelines for workload effort for research and creative activity should be developed and workloads assigned in consultation with department chairs, associate dean and Dean. Promotion, Tenure, Reappointment and Post-Tenure Review guidelines and evaluation must be clear and consistent with workload responsibilities and expectations.

Funded research efforts should be supported with grant salary and SON salary to ensure successful and timely completion of studies. Faculty should expect a workload commensurate with grant responsibilities and requirements, including salary support, unfunded effort and type and amount of teaching workload.

Unfunded efforts for the conduct of pilot studies, grant writing, and dissemination efforts should be allotted with specific expectations and outcomes. More than one semester is often needed to fully develop and implement a research program that leads to visible or externally funded studies.

**Recommendations**

Provide tenure track faculty 50% research time for the first 3 years prior to tenure (or total of two courses or 6 hours). New faculty appointed with tenure should have 50% research effort for the first 2 years. Post-reappointment and tenured faculty should have 50% research effort. Expected outcomes for research and creative activity (external grant funding and submissions, peer reviewed manuscripts, and interdisciplinary collaboration) for all faculty should be stated in the initial appointment letter and in subsequent annual performance evaluations and workload assignments.

If a faculty member has current external funding, the faculty member should negotiate with the Dean and department chair for additional research effort not salaried on the grant. If seeking large external funding, additional workload research effort should be provided. For clinical track faculty 10%-25% should be allocated to research depending on research and
creative responsibilities and the productivity expected. Clear expectations for outcomes should be established with the department chair and Dean, consistent with the research effort.

Productivity preference is for external funding, then data based publications, collaborative projects and special research mentoring. Other activities should be consistent with Promotion, Tenure and Reappointment guidelines. Goals and expectations should be set with faculty and department chairs annually, and evaluation should occur every 2-3 years to determine productivity and continuation of the research workload. Responsibilities for other SON priorities and initiatives will be determined through discussions with faculty members, department chairs and the Dean. The Associate Deans, Directors and Coordinators will provide input and recommendations.

**Infrastructure**

An Associate Dean for Research (or director) is necessary to lead and coordinate research and scholarship efforts, as well as to provide linkages with other units on campus and networks in the regional and state area; to provide knowledge of funding sources and University and state guidelines; and to mentor faculty, build teams, and champion the research enterprise.

An administrative assistant is needed to assist with funding applications, budgetary and financial management, communications, and research assistant training and supervision, and to provide knowledge of University and state policies regarding expenditures and audit trail.

Research assistants (at least 5-7 annually) are needed to assist faculty with literature reviews, data collection, data coding and input, and dissemination and grant preparation. Our preference is for doctoral level students.

A statistician is needed to assist with determining analyses appropriate for aims and questions, measurement level, population, instrumentation, sampling and missing data; to ensure quality control, data management and data security; to assist in training RAs in data management; and to assist with dissemination and grant writing. The person in this position has served as a faculty member teaching two PhD statistics courses, as a consultant to dissertation chairs and students, and a grant investigator, and is likely to teach the new DNP biostatistics/epidemiology course. Students evaluate the courses each semester and the Associate dean and faculty evaluate the position annually. External funding, data based publications, collaborative grants, and very good to excellent teaching evaluations are priority productivity measures.

Editorial services are needed to assist with manuscript writing, especially for new and untenured faculty members, doctoral students; and to provide grant writing assistance for faculty.

In addition, an RA and a research mentor would be provided to assist in starting up a research program or extending a research program.
Internal funds to provide for pilot studies, startup and consultations should be used to supplement, but not replace funds external to the SON. These funds can be available for faculty to develop or cross train in new areas of science, conduct small pilots to validate grant applications, and initiate collaborative team studies. A faculty committee should establish guidelines and peer review requests for funds and required outcomes in consultation with the Associate Dean.

Development activities and funds should be implemented to add funding for research and creative activities for faculty and students. Special assistantships or small grants could be named for donors, and have specific foci or populations.

**Recommendation**

Provide infrastructure as described above, and provide research space for writing grants and manuscripts. For example, shared cubicles or shared offices for research space could be allocated to research active/productive faculty members on a 1-2 year basis to provide quiet writing space. Persons funded for research salary support from external funds and those writing grants and data-based publications should receive priority for space. Internal funds for pilot studies and startup should be used to prepare and support grant applications and partnerships. The faculty research committee should develop guidelines and processes, review applications and make recommendations to the Associate Dean, Dean, and Department chairs. A contract should be made with a grant writer or a successful faculty member assigned to this role for grant applications on an annual basis. Specialized RA training should be conducted for data management and security.

**Faculty Expertise and Development**

Recruitment and retention of a critical mass of faculty with expertise in the areas of research emphasis, including expertise in methods, populations, conceptualization and networks to facilitate, is vital to collaborative, funded research now and in the future. Mid-career faculty with external funding or a publication record and fundable research area are priority for recruitment. Faculty with expertise in risk factors across varying lifespan groups, cardiovascular health, diabetes, health promotion, and systems/economic/effectiveness would be priority hires.

We should identify areas of research emphasis to build and nurture, and focus on future funding priorities and availability. Targeted areas may include lifestyle risk factors and health behaviors with positive outcomes, specific populations with high cost health care or lack of access to health care, community-based initiatives that are effective and cost-efficient or cost neutral, and genomic impact on health.

Current PhD students or recent graduates who complement and supplement faculty research and funding possibilities should be considered as possible hires and partners.
Cross fertilizing expertise is a good strategy for expanding capabilities with minimal resources. This will require seminars, workshops, consultants, and new team building activities. A formal research mentoring program is an important part of this growth.

New collaborations should be developed with internal and external experts, team members and co-investigators who have similar student and community needs. This will require faculty to work across state or campus lines, and build teams that alternate the role of lead principal investigator. Promotion, Tenure and Reappointment guidelines should reflect priority effort and outcomes.

Recommendations

Take proactive and strategic actions to establish a formal research mentoring program; provide seminars, intensive multiday workshops, writing clubs, mock grant reviews, and quality circles; support external training for specific skills. Ensure that Promotion and Tenure (P/T) guidelines and evaluation criteria value and consider multiple team roles, contributions and authorship order. Specify priorities for effort and outcomes in the P/T criteria, in differentiated workload, job descriptions and/or responsibilities assigned by the Dean and department chairs. Recruitment and retention of tenure track faculty members is a priority action. Priority areas for recruitment are vulnerable populations, women’s health, diabetes and cardiovascular health. Mid-career faculty or early career doctorally prepared faculty would be primary targets for recruitment. Retention of faculty must include rewards and research workload as recommended above.

Visibility

Expand the SON’s reputation in emphasis areas through the SON website, press releases, invited presentations, community and professional presentations, publications, faculty service on grant review panels, and collaborations.

Develop pointed, specific, succinct, targeted, concise and clearly articulated “talking points” as new activities and successes are achieved. Standardize a presentations template that identifies UNCG with consistent colors and a consistent logo.

Assign a person with expertise, enthusiasm and commitment the responsibility to work with the Associate Dean and faculty. A faculty committee should assist in recruiting and writing about the ‘researcher of the month’ for website postings.

Collaborate with campus PR, the SON development officer, the Vice Chancellor for Research and Economic Development and the Vice Chancellor for Market and Strategic Communications to select appropriate venues (UNCG or SON website, alumni magazine, campus weekly, Twitter, Facebook, Pinterest, Tumblr, or other media) for disseminating research and creative activity efforts and outcomes.
The faculty research committee should implement the SON vision and mission through reviewing and recommending funding for internal startup and small pilot grants, undergraduate assistantships, faculty research assignments, and faculty research excellence awards. Policies and procedures for those applications should be developed.

Collaboration to map health system needs with our research capabilities and expertise and to provide additional expertise, team members, data collection sites, and impact areas is important, especially for the new DNP program students and faculty members.

Department Chairs should work with the Associate Dean to develop SON goals such as engagement in research with at least two collaborative teams and partners external to SON every year; dissemination efforts for xx data based and/or peer reviewed publications each year; at least xx% of faculty and xx% of students actively involved in research and scholarly activities.

**Recommendations**

Designate a person or committee to provide communication and public relations visibility for research activities and impact; expand the website; develop new media avenues; and initiate a new resource, listing, or communication strategy for who is doing what and what collaboration is possible. Develop a School LOGO and template for presentation and visibility. Provide better and more frequent press releases. The faculty research committee should assume new responsibilities to review and recommend funding for small internal pilot grants, startup funds, undergraduate assistantships, and research assignments in collaboration with Associate Deans, department chairs and the Dean.

**Rewards**

It is imperative that there is recognition of principal investigator and co-investigator status for rewards, acknowledgement, incentives, and workload. Dean support of tenured faculty for campus research assignments is needed. Incentives should include summer salary; nominations for national, regional and state awards; merit pay; ‘researcher of the month’ on the website; special travel funds; special parking place for a week; RA assignment, and other types of supportive measures.

Rewards should be evaluated by preference for external funding, peer reviewed publications, dissertation chair/committee membership, research mentorship, and partnerships.

An open process and call for research assignment should be held every year, with the possibility of one or two tenured or tenure track persons being awarded this contracted responsibility annually. Tenured faculty would have preference according to University guidelines. Grant submission and data-based publications should be priority productivity and contract measures, along with additional measures that meet P/T criteria. Reviewers would
include a member of the faculty research committee and the Associate Dean, with recommendations to the Dean and department chairs.

Recommendations

Implement rewards and recognition for varying types of productivity, outcomes and impact. Priority is for summer funding, research assignments, and merit pay.

Possible Areas for Future Development

Expand and develop funding sources such as industry, Department of Defense, Department of Education, Centers for Medicare and Medicaid (CMS), Patient Centered Outcomes Research Institute (PCORI) and foundations or professional organizations. CMS, NIH, HRSA, PCORI, the NC State Board of Nursing and foundations are priority sources. Consultants for these funding sources should be engaged during the next 2 years. Most of the funding sources will require collaborative proposals.

Develop new content areas for emerging and priority health needs, settings, and populations. Interventions, systems of care, the Affordable Care Act, accountable care organizations (ACO), and provider practice patterns, health care cost effectiveness, and comparative research are areas for expansion. The focus could be on community based care, ACO access and consistency of care, chronic illness and symptom management, and evaluation of new educational strategies and programs. Minorities, low income persons, Native Americans, and those post hospitalization could be specific populations to include. Genomic health, employee health, contracted consultations and CEUs, information technology and EHR/EMR, veterans’ health, evidence based practice, partnerships with practice faculty, educational methods, student success, health impact and translational efforts would be included. This is consistent with the NINR, NIH, American Nurses Association, the American Academy of Nursing American Association of Colleges of Nursing, Agency for Health Care Research and Quality, Robert Wood Johnson Foundation and IOM Future of Nursing plans and recommendations.

1. Nurture, expand and develop new partnerships and collaborations that supplement our research enterprise. Extend and develop strategic partnerships and collaborations with other schools including Wake Forest University, Western Carolina University, ECU, Duke University, UNCCH, UNCC, UNC Asheville, UNC Pembroke, Gardner-Webb, community colleges, for profit and online schools, lay and professional organizations, health systems, insurance companies, accountable care organizations, federally qualified health centers, rural cooperatives, and other campus entities and divisions. Collaboration meetings will be conducted by invitation to determine focus, contributions and possibilities for external funding.
Additional considerations: Determine the best practices in translational research, which requires faculty development through an executive format, consultant webcasts, or onsite working groups. Commercialization and incubation will be explored.

Additional Considerations

Efforts will be implemented to develop or expand appropriate resources for infrastructure and specific areas of research and creative activity, to ensure achievement of high level outcomes.

Efforts will be implemented to improve the culture and the value for research. Job descriptions, workload assignments and P&T for all levels of faculty should reflect expectations for research and creative activity.

Integrating research into our undergraduate and graduate program missions in a more formal and visible manner is important. This would include more fully actualizing the inquiry value of our mission across courses and programs. The undergraduate research course should include economic, evidence-based and systems outcomes research. The SON will provide up to two undergraduate research assistants per year, through a peer reviewed application and selection process, in collaboration with the campus entity charged with similar activities. We will develop an annual list of possible projects from our major clinical partners for master’s and DNP students to participate in and provide interagency collaboration. We will support a research day, research “week” or workshop in the SON to highlight student and faculty research and evidence-based practice efforts on an annual basis.

Momentum: New emphasis, action plans, collaborations, funding sources, and skills energize faculty staff and students. This energy will carry across teaching and service foci, resulting in exponential interest and achievement. Exploring new areas, content, methods and partnerships will allow the inquisitive and caring nature of the nursing faculty, staff and students to be innovative, creative, and synergistic in improving health, training students, and achieving success.

Concerns: Patience is necessary to implement and achieve continued success in the research enterprise. Trade-offs for emphasizing key areas may require that resources be diverted to those areas; faculty recruitment may suffer if prospective faculty and students do not perceive that their area of research is important; faculty retention is more difficult than in past decades; and achieving funding can lag behind developing expertise when funders change priorities and mechanisms. Partnerships and collaborations will require flexible sharing strategies that may not result in equitable resources and credit.
VI. Advancement

Students come with a dream. Transforming dreams into healthier communities’ one student at a time. Turning Research and Education and Action into Transformation (TREAT) (SON Retreat, January 6 & 7, 2014).

Our UNCG School of Nursing needs to redefine and reorganize its Advancement Visioning Plan to include fundraising, marketing/branding, communications, alumni affairs, and academic and development related events. The School of Nursing needs to be an active community leader and partner in advancing community health. It is recommended that serious thought and effective reorganization be entertained by the School’s leadership to:

- Prepare/position the SON for a next capital campaign.
- Establish an Advancement Council – a “Power Council” to include donors, prospective donors, faculty, staff, alumni, community partners, health care organization partners, parents, students, and representatives of other University programs.
- Develop an educational program for faculty and staff: Philanthropy 101.
- Create an Ambassador Program which includes donors, prospective donors, board members, alumni, faculty, staff, parents, students, and other community stakeholders
- Make a compelling case for the School of Nursing to be recognized as an educational leader and a strong, effective community partner.
- Get involved with North Carolina’s elected leaders and partner with business, government and local constituents.
- Enhance the SON website.
- Offer consistent and timely publications and materials: website; email blasts to alumni, faculty, staff, students, parents, community partners, etc.
- Create an Advancement Council subcommittee – Marketing - to oversee publication materials.
- Collect SON stories.
- Provide an ongoing update of SON brag points.
- Identify our strengths. Let the physical building not define or confine us!

Of these recommendations, top priorities in our estimation are these:

1. Establish an Advancement Council.
2. Create an Ambassador program which requires Philanthropy101 as a prerequisite.
3. Enhance the SON website and other marketing materials.
4. Collect SON stories and brag points, and profess our strengths.


**Recommendations**

What can we do immediately?

1. Immediately – Reorganization and new structure will allow us to develop a protocol to establish our own branding; send out our timely emails without dependence on another department or program in the University; and develop our own timely and strategic pocket fundraising events to meet immediate fundraising needs.

2. Assess our efforts to market, brand, develop community partnerships, and internally and externally communicate.

3. Assess our budget/financial resources as to what we can do with what we have (until we know past budget figures, we cannot identify what we need in the way of new dedicated monies).

4. Work with the University advancement/development program to perform within the system and externally.

5. Create an Advancement Council.

6. Prioritize fundraising goals for the SON and plan each individual campaign to fundraise and friend raise; and determine what target audiences, what projects and what vehicles are most appropriate to generate new resources, marketing effectiveness, recruitment of new faculty and students, and other resources, etc.

7. Identify what other schools of nursing are doing to build their social capital and determine what can work for us to generate new sources of revenue and income separate from direct fundraising. Interface with nursing schools from across the country and develop working relationships to assist us in our design.

8. A first fundraising priority is the DNP program.

9. Design an operating matrix for each project; coordinates for the matrix will include these:
   - Target audience: individual donors, prospects, alumni, faculty, staff, community business and organization partners, foundations, government, friends, parents, students.
   - Advancement vehicle: education, fundraising, marketing/branding, events, communication (internal/external), entrepreneurship, local/regional/national political activity, professional organizations.
   - Focus type: major gifts, special gifts, leadership gifts, planned gifts, annual gifts, event proceeds.
   - Partnerships with professional groups to strengthen our community and professional commitments: Gamma Zeta Chapter, area schools of nursing at NC A&T, Guilford Technical College, area health systems, etc.

**Looking Ahead**

- Embrace eEducation, marketing, branding, relationships, alumni/donors/friends, communication, and entrepreneurship.
- Build on our strengths to create our preferred future.
- Be progressive, proactive, effective, the very best we can be.
- Our real group work will begin as advancement priorities are defined, assigned and prioritized for action.

Advancement Group Members: Jacqueline Debrew, Janet Hendley, Blondie Johnson, MaryK McGinley (Chair), Jennifer Sandoval, Deb Stanford, Brad Wrenn, and Dawn Wyrick.
Innovation References


Technology References


Global Engagement References


Research References

The following organizational strategic plans and national priorities were reviewed: NIH, NINR, AHRQ, CDC, RWJF, NIMH, AHA, ACS, ADA, NCSBN, HRSA, Reynolds Foundation, CMS, NLN, Commonwealth Fund, Duke Endowment, and Golden Leaf.

The following school strategic plans were reviewed: Johns Hopkins, University of Kansas, UCLA, Oregon Health & Sciences University, University of Delaware, Penn State, Boise State University, University of Iowa, and Stony Brook University (New York).


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