THE **UNIVERSITY OF IOWA**

COLLEGE
OF **NURSING**

Inspiring Excellence, Exceeding Expectations

College of Nursing Annual Reports
Fiscal Year 2014 (July 1, 2013 – June 30, 2014)
Fiscal Year 2015 (July 1, 2014 – June 30, 2015)

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On a biannual or annual base, the College of Nursing (CoN) produces a report highlighting accomplishments, initiatives, and financial status. Using the Strategic Plan of 2015-2017, this biannual report presents the activities and advancements in meeting the established goals of the College of Nursing during fiscal year 2014 (July 2013 through June 2014) and fiscal year 2015 (July 2014 through June 2015).

The health care and academic environment continues to change and so must the CoN to meet the demands of the external environment. The CoN's Strategic Plan was reviewed and refined during this time period to provide a clear direction in response to the evolving landscape of nursing education and nursing science. Some of the subgoals in the 2015-2017 plan are new, so accomplishments will be limited.

Annual reporting isn't what it used to be. In our connected world, the cycle of information is much shorter and the CoN has responded by posting information about the many activities of our individual faculty, students and staff on the CoN's website and through social media platforms. As with the University as a whole, we aim to share good news as it happens, and increasingly we do.

With this in mind, the CoN's biannual report has been slimmed down to focus on the insights that have been gained from looking at cumulative action over time. The analysis presented in the biannual report provides a view of the impact of our collective efforts to support the activities of an engaged and productive community of faculty, students and staff.

Although the CoN operated under a considerable amount of budgetary constraint over the last five years, our collective efforts in fiscal years 2014 and 2015 resulted in positive balances. Our stewardship in the future will be focused on maintaining and renovating the important physical assets that make our vision, missions and goals possible.

In 2013, the University of Iowa launched **For Iowa. Forever More: The Campaign for the University of Iowa**, a historic, comprehensive fundraising campaign that will secure for future generations the University of Iowa's status as a world-class institution. It is a great honor to report that our future is looking bright with each passing year of the campaign. Our success in engaging our alumni and donors in the priorities of our teaching and research missions means that we are able to sustain our efforts to recruit, support, and retain the best faculty, staff and students.

Our reports on faculty and staff trends contain good news and areas for improvement. The number of promotions has increased over the past year while the number of faculty and staff have remained relatively constant. However, there is room for progress in diversifying the faculty and staff. While we have not reached our aspirations for faculty and staff diversity, we aim to achieve this milestone by incorporating strategies to support and increase diversity in all of CoN's goals.

At the time of publication, Dean Rita Frantz has recently retired and passed away. Dr. Frantz has been a regional and national leader in academic nursing and she will be missed by the CoN and the profession. I became the College of Nursing's new Executive Associate Dean of Academic Affairs on January 2, 2014 and the Interim Dean on September 7, 2016. After four years of providing exceptional service and leadership as Associate Dean, Dr. Jill Scott-Cawiezell transitioned to a part-time faculty role in order to pursue her passion for improving the health of individuals in developing countries.

The College of Nursing will continue to coalesce around our strategic goals. Together we can make the positive changes we want to see at the local, regional and national level, and lead the world to a better future. It is an honor, and indeed a privilege, to serve the CoN, and I look forward to the year to come.

Thad Wilson, RN, PhD, FAAN, FAANP
Interim Dean

Highlights

2014

- Drs. Patricia Clinton, Sue Gardner, Sue Moorhead, and Barbara Rakel were inducted as Fellows in the American Academy of Nursing.
- Dr. Thad Wilson hired as the new Executive Associate Dean.
- Two new acute care nurse practitioner tracks added to the DNP program.
- CCNE reaccredited the DNP programs for 10 years.
- $330,000 in scholarships were distributed to 114 undergraduate and graduate students.
- Total philanthropic productivity reached $6,573,784.

2015

- Drs. Virginia Conley, Jan Foote, and Thad Wilson were inducted as Fellows in the American Association of Nurse Practitioners.
- Dr. Julie Stanik-Hutt, a nationally renowned leader, hired to direct the Adult/Gero Acute Care Nurse Practitioner program.
- Dr. N. Jane Prater chosen to assume role of Director of Faculty Practice.
- $370,000 in scholarships distributed to 134 undergraduate and graduate students.
- Total philanthropic productivity reached $1,147,408.
- Under the auspices of the Iowa Action Coalition, implemented the Iowa Online Nurse Residency Program.
- Ranked 20th in NIH funding.
- Maintained US News & World Report rankings above #15 in four graduate programs.

The College of Nursing's Strategic Plan was updated, building upon past accomplishments and reflecting changes in health care and nursing education on the national, state and local levels. The Strategic Leadership Team worked with Nicole Mac of UI Organizational Effectiveness to coordinate the strategic plan revisions, consistent with the bylaws of the College of Nursing's Faculty Organization, Councils and Forums, as well as the Research Advisory Group.

The number of goals in the strategic plan remained the same, but the separate goal of developing an all-inclusive approach to diversity was removed. Instead, the plan incorporates strategies to support and increase diversity in all of CoN's goals. During the updating process, clearly linked strategies and tactics were developed to support the attainment of each goal.

The goals of the updated strategic plan are listed below.

Goal #1: Develop Exceptional Baccalaureate Nursing Professionals to Meet Future Workforce Needs

Goal #2: Develop Exceptional Post-Baccalaureate Nursing Professionals for Practice and Research

Goal #3: Advance the Quality and Quantity of Research and Scholarship to Achieve Top 20 Ranking by NIH

Goal #4: Expand Outreach and Engagement

Goal #5: Attract, Maintain and Develop Outstanding Faculty and Staff

Goal #6: Maintain Sound Finances and Resources

The Strategic Plan will continue to be a living document with changes incorporated as needed. The expected duration of the plan was reduced from 5 years to 3 years. In order to actualize the plan as a living document, members of the Executive Team will provide quarterly reports about their progress on strategic goals.

Develop Exceptional Baccalaureate Nursing Professionals to Meet Future Workforce Needs

Accreditation

In March 2014, the Iowa Board of Nursing accepted the Nursing Education Program report and granted full approval for a period of six years to the College of Nursing's organization and administration of the undergraduate degrees in nursing:

- BSN
- RN-BSN

Pre-licensure Programs

Strategy 1.1: Increase traditional BSN enrollment by 25%

The undergraduate, pre-licensure program enrolls two groups of students annually. In the fall, students from the Early Decision Program (EDP), who are accepted into the major directly from high school, begin the clinical portion of the major as Juniors. In the spring, students, who have completed the prerequisites for the nursing major at Iowa or elsewhere, apply to and are admitted into the clinical portion of the program. Class sizes for both groups were increased from 64 to 72 in 2013. The plan to increase class size to 80 students (a 25% increase over 64) was postponed due to the difficulty of finding qualified faculty, clinical sites, and space in the simulation center.

There is significant competition nationally for the highest achieving high school students. In the fall of 2013 and 2014, less than 72 students committed to the CoN for the EDP. Therefore, the CoN developed and implemented a "backfill process" in order to achieve the target of increasing enrollment to 72 students in this group. Central campus admissions, academic advising, and the CoN's internal BSN Admissions Committee collaborated to identify non-EDP students who had all of the nursing prerequisites completed in the spring semester of their sophomore year. These students were offered a seat, enabling the College to enroll a full complement of 72 students.

Both the EDP and the Competitive admission processes continue to attract strong applicants. The Competitive admission pool consistently has two to three applicants for each available seat. All students entering the BSN program though both admission processes continue to hold a GPA average of 3.6 and an ACT average of 26.

Figure 1: ACT Average of BSN Pre-licensure Students

ACT AVERAGE OF BSN STUDENTS

■ Admitted   ■ Accepted

FALL 2013: Admitted 29, Accepted 26.2

FALL 2014: Admitted 29, Accepted 29
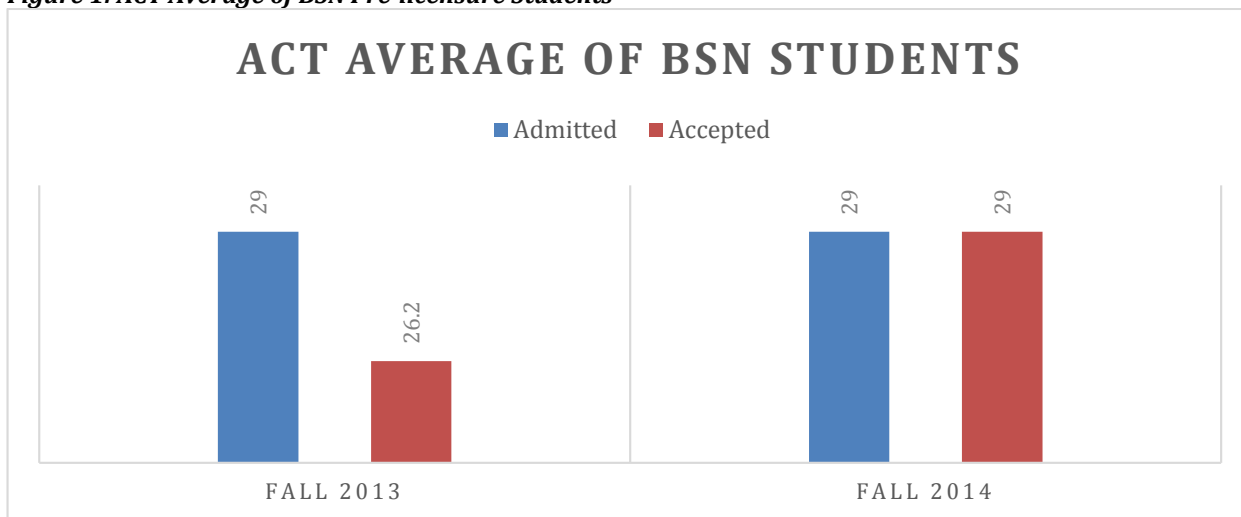
Figure 2: Applications and Admits of BSN Pre-licensure Students

BSN APPLICATIONS AND ADMITS

■ Applications   ■ Admitted

FALL 2013: Applications 135, Admitted 64

FALL 2014: Applications 134, Admitted 64
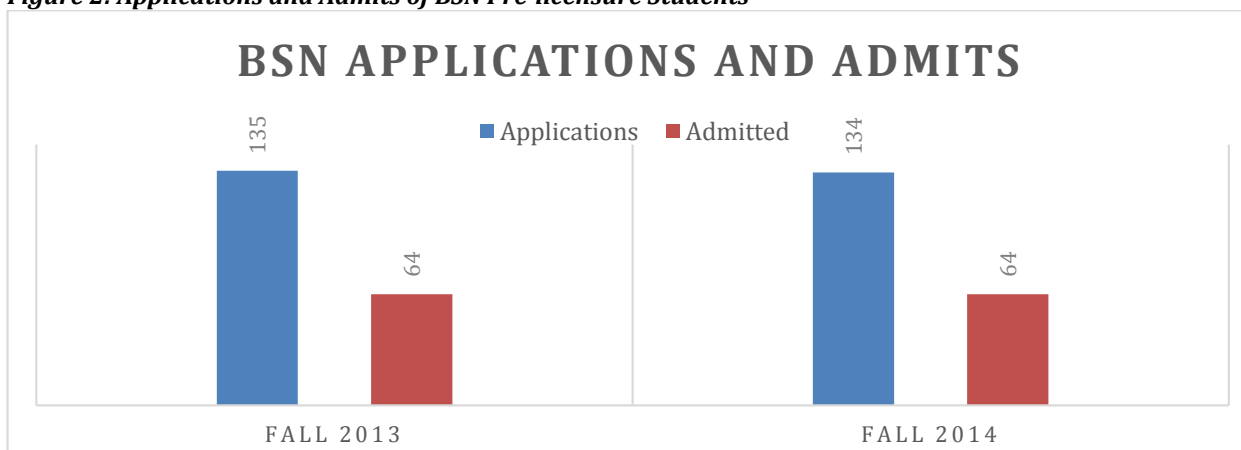
Table 1: Pre-licensure BSN Enrollment Fall 2013 and Fall 2014

Pre-licensure BSN Enrollment	Fall 2013	Fall 2014
Total Number of Students	346	346
Iowa Residents	158	158
Male	18	16
Hispanic	13	17
African American	2	1
Native American & Pacific Islander	3	2
Asian	2	3
International	6	2
Other/Unknown	22	10
Multi-race	NA	7
White	300	306

Table 2: Pre-licensure BSN Graduates AY 2013-2014 and AY 2014-2015

Pre-licensure BSN Graduation	2013-2014	2014-2015
Total Number of Students	142	79*
Iowa Residents	78	41
Male	11	3
Hispanic	6	3
African American	2	0
Native American & Pacific Islander	1	0
Asian	1	0
International	5	1
Other/Unknown	2	2
Multi-race	NA	1
White	125	72

*The classes of 2014-2015 were significantly smaller than the previous academic year because:

- The December 2014 BSN cohort was comprised of 24 students from the competitive pool. Their matriculation occurred during a significant BSN curricular revision. The BSN curriculum shift was referenced in the 2013 biannual report (https://nursing.uiowa.edu/about-us/annual-reports).
- The May 2015 BSN cohort was comprised of 54 students. This cohort was the first full cohort of early decision students in the current model of the early decision program (admitted in fall 2011). The CoN have since instituted the backfill process to enroll a full class of 72 students per cohort.

Figure 3: May 2014 BSN graduates embrace the ritual of throwing their cap.
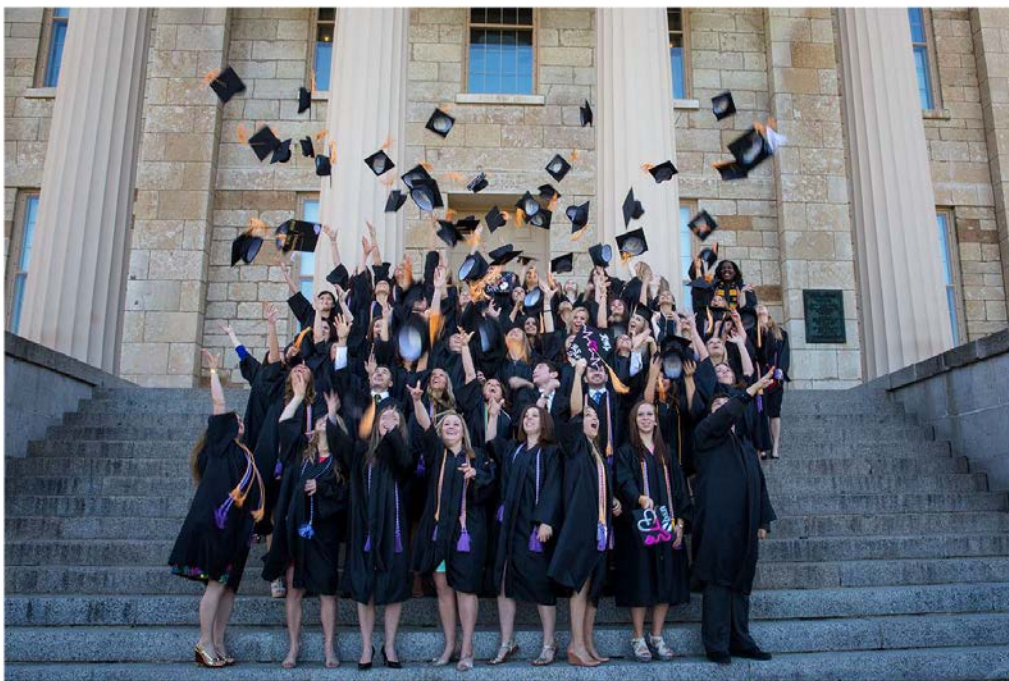
The College of Nursing NCLEX pass rate has been consistently higher than the state and national average between 2013 and 2015.

Figure 4: NCLEX Pass Rate of BSN Pre-licensure Students
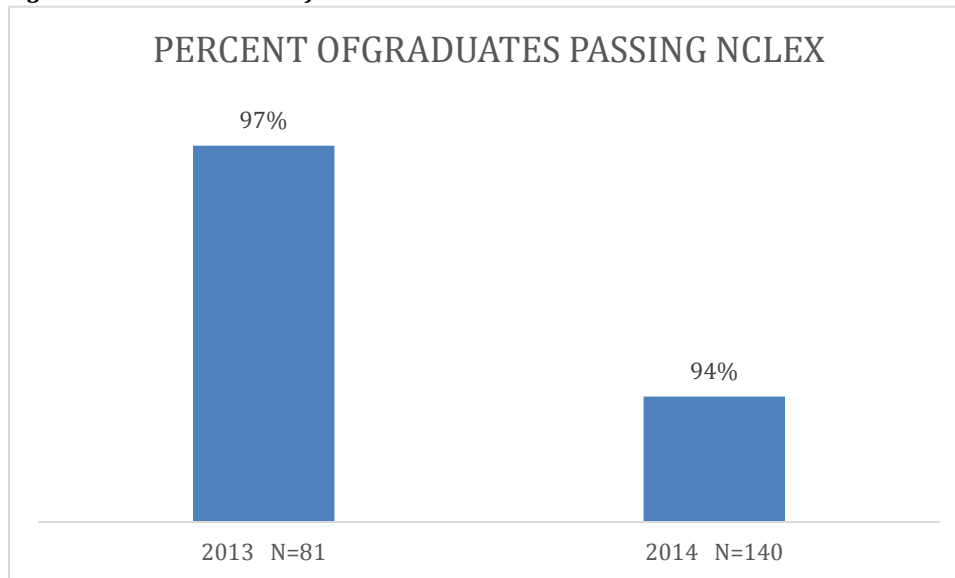
Table 3: NCLEX Pass Rate of BSN Pre-licensure Students Compared to State and National Average

NCLEX Pass Rate	2013	2014
N of Graduates Tested	81	140
CoN Pass Rate	96.3%	93.6%
State of Iowa Pass Rate	82.3%	78.3%
National Pass Rate	83.0%	81.8%

Curriculum

The following are highlights of the ongoing BSN curriculum modifications that the faculty has made reflecting the *AACN Baccalaureate Essentials* (2008) and the *Institute of Medicine Future of Nursing Report* (2010).

The CoN completed the pilot for the Dedicated Education Units (DEU) clinical instruction model in December 2013 and continue to use experienced clinicians as Clinical Instructors in the medical/surgical practicum. In keeping with DEU results in other settings, Iowa students preferred this model and in the aggregate, DEU students had higher clinical performance. Faculty have presented findings to the Iowa Board of Nursing (IBON), the DEU conference in Portland, Oregon in July 2014 (College of Nursing and the UIHC Department of Nursing), and at the Iowa Association of Colleges of Nursing (IACN) in Des Moines in September 2014. The CoN continues to monitor the cost of the DEU model with clinical partners.

Figure 5: Enrollment of BSN Pre-licensure Students in Dedicated Education Units

DEU ENROLLMENT
Adult Medical/Surgical Nursing Practicum

(Legend: Student to Instructor Ratio, N of Instructors, N of Students)
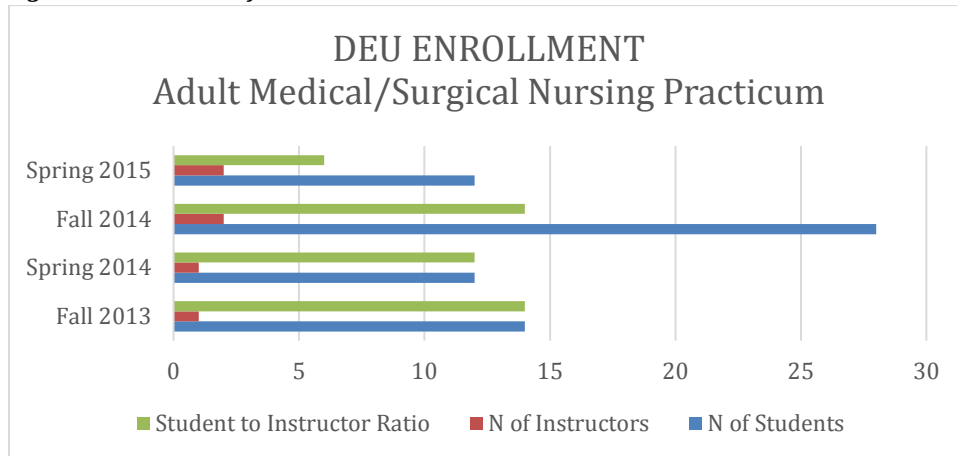
To secure clinical experts as faculty, the CoN worked with our clinical partner, the University of Iowa Hospitals and Clinics, and developed the Embedded Model. Individuals in this model are shared between the two institutions. Many work for the CoN 75% and the hospital 25%. A single pay check is received, benefits are maintained, the hospital retains a clinical expert part-time, and the college has a faculty member very knowledgeable of the clinical site and practice. By May of 2015, a total of 11 faculty were participating in this program.

Strategy 1.3: *Enhance learning through innovative use of simulation, IT & student centered learning environment*

Two instructors adopted a full "flipped classroom" model with courses in the undergraduate program. Nancy Downing used this approach in Pathology and Carol Watson used it in Professional Role IV: Leadership and Professional Engagement. Carol Watson mentored Cathy Abrams in spring 2014; Cathy Abrams carried this design forward into the Professional Role IV course in fall 2014.

Two instructors taught undergraduate courses in TILE (spaces to Transform, Interact, Learn, Engage) classrooms. TILE classrooms are transforming teaching practices, encourage lively interaction, enhance learning, and increase faculty/student engagement. Jacinda Bunch has taught Professional Role III in this type of setting for four semesters. Nicole Peterson has taught Gerontological Nursing in a TILE classroom for three semesters.

Other faculty (Stephanie Gilbertson-White, Curt Long, Anne Gentil-Archer and Jacinda Bunch) participated in intensive faculty development workshops aimed at assisting instructors to enhance their active learning teaching approach.

Strategy 1.4: *Continue evolution of curriculum through advancing competencies and evidence-based learning*

Writing assignments have been improved and strengthened throughout the BSN

curriculum. Ann Rhodes designed an annotated bibliography assignment in Professional Role I. Pam Mulder added writing assignments in which students critique the quality and evidence in published works in Professional Role II. Melissa Lehan-Macklin created an optional workshop on persuasive professional writing in Community Health and Public Health Nursing course. Realizing that professional nurses need to be skilled at advocacy, she also designed an assignment where students developed and defended a policy recommendation.

Project-based assignments have also been added to the BSN curriculum. Melissa Lehan-Macklin created an experience where students present to a large audience of high school students on safe sexual practices. Pam Mulder created a project where students collect and analyze research data and present it to the subjects; the subjects are the students in the class.

Strategy 1.5: Implement interdisciplinary learning experiences with other health science colleges

Students from the class of 2015 (May) participated in the health science campus Interprofessional Education (IPE) pilot. Students met with their teams (1-2 students from each participating college) three times a semester and received course credit for the team activity. The students who started the nursing major in the fall continued to participate in the health science campus IPE course. Over 600 students from medicine, nursing, pharmacy, dentistry and public health were included. The course has been revised twice based upon student and faculty feedback. Academic credit for this course continues to be embedded into other required courses. In nursing, the credit is associated with these courses: Nursing and Pharmacological Interventions I, II and Professional Role III courses.

Figure 6: September 2013 Over 600 students from medicine, nursing, pharmacy, dentistry and public health gathered to learn how to improve health from IPE models across the continuum of education and practice.

There were two projects designed to provide IPE experiences for Competitive Admission nursing students enrolled in the spring semester. In Clinical Simulation I, the students worked with physical therapy (PT) students on ergonomics, patient transfers and neuro assessment. This experience, with standardized patients providing feedback to both nursing and PT students, was evaluated as a very positive learning experience. A small project with Speech and Language Pathology

(SLP) was also completed. The focus was to have nursing and SLP students learn with, about and from each other. The SLP students taught communication and assessment skills they would typically offer in a clinical area. The nursing students taught the use of common bedside equipment, pain assessment and endotracheal suctioning. While both groups of students indicated that they enjoyed the experience, the objective measures of learning did not show improvement.

Jo Eland continued to lead a very popular, interdisciplinary, palliative care, nursing-focused, study-abroad experience to India. In the winter terms of 2014 and 2015, a total of 14 nursing students and 202 students from other disciplines participated in the India study-abroad experience working on a wide range of projects from improving healthcare to strengthening infrastructure.

Figure 7: January 2014: Dr. Jo Eland is part of an interdisciplinary team of University of Iowa professors, students, and researchers collaborating on service projects in India.

Opportunities to Enhance BSN Pre-licensure Education in the Future

In the fall of 2013, the CoN joined with the other undergraduate collegiate units on campus to enhance the culture of academic integrity. At the close of spring 2014, the College of Nursing had the lowest percentage of enrolled students of the participating colleges.

In fall of 2013, faculty worked with BSN students to create a student honor court. To date, the court has not been requested to hear a case.

While the National Council of State Boards of Nursing (NCSBN) study of simulation in nursing education is not yet complete, the preliminary findings have been shared. The findings indicate that a higher proportion of simulation (50% of clinical time) leads to equal or better learning outcomes for pre-licensure students. Faculty have tried to increase the use of simulation in all specialties. However, constraints in space, schedules, and limited resources has limited the broader use of simulation.

Figure 8: April 2015: Nurses at the University of Iowa Hospitals and Clinics provide an exceptionally sophisticated level of care in order to support the cutting-edge health care services practiced here. To meet the health care needs of patients and educational needs of nurses, the Department of Nursing and the College of Nursing have successfully collaborated to operate the Nursing Clinical Education Center. Dr. Ellen Cram, Associate Dean for Undergraduate Programs, Syeda Thomas and Mackenzie Kane, Lecturers, interact with students on a daily basis in the NECE.

RN to BSN Program

Strategy 1.2: ***Increase RN-BSN enrollment by 25%***

The College of Nursing continues to offer an online RN-BSN program that can be completed in three (full-time) or five semester (part-time) time frames. From potential student feedback and competitive analysis, it was determined that offering admission twice a year would be appealing to potential students. A spring admission cycle was added in 2015. Enrollment continues to be approximately 50% full-time and 50% part time in both admission cohorts of fall and spring. Rolling applications, accepted at any time during the year, were instituted in 2015 and approximately five additional students were enrolled.

Competition for RN-BSN student enrollment is increasing. In addition to offering traditional face-to-face programs, established schools are also offering more online options. There are also a number of for-profit schools heavily marketing in our region. In response, the CoN has increased our recruitment and marketing efforts:

1. The CoN increased marketing efforts in concert with central UI efforts;
2. Cathy Abrams was hired as a full-time lecturer; her 20% service commitment is dedicated to direct contacts with Chief Nursing Officers who could influence agency staff to complete a BSN;
3. Upon recommendation from Student Services staff, the CoN instituted a tuition scholarship in the form of free tuition for each RN-BSN's first nursing course. The scholarship has been marketed as a "buy-one-get-one" (BOGO) program. Early indications are that this technique is very successful.

Additionally, the RN-BSN Program Coordinator in the Office of Student Services has developed and offered Bring Your Own Transcript (BYOT) events to prospective students at hospital and community colleges. Students are invited to bring their unofficial transcript and sit down with representatives from the College of Nursing to discuss course selection and requirements for a smooth transition to the RN-BSN program. Along with a tentative plan of study, students get an accurate sense of the time commitment and cost of the Iowa program.

Sites visited include the following:
- University of Iowa Hospitals and Clinics
- Pella Regional Hospital
- North Iowa in Mason City
- Great River Medical Center in Burlington
- Waverly Hospital
- Unity Point in Des Moines
- North Iowa Area Community College in Mason City
- Northeast Iowa Community College in Peosta
- Illinois Valley Community College in Marshalltown

- Western Iowa Tech Community College in Sioux City
- Des Moines Area Community College in Des Moines

Future plans include offering employers a real-time transcript review for any candidate being considered for hire. This would allow the employer to consider the candidate's ability to be admitted to our RN-BSN program as a criterion for hiring. Mercy Iowa City and North Iowa Mason City have expressed interest in incorporating a real-time transcript review into their hiring processes.

Table 4: RN-BSN Enrollment Fall 2013 and Fall 2014

RN-BSN Enrollment	Fall 2013	Fall 2014
Number of Students	187	191
Iowa Residents	176	177
Male	14	13
Hispanic	3	3
African American	2	2
Native American & Pacific Islander	0	3
Asian	8	4
International	2	0
Other/Unknown	18	16
Multi-race	NA	5
White	154	158

Table 5: RN-BSN Graduates AY 2013-2014 and AY 2014-2015

RN-BSN Graduates	2013-2014	2014-2015
Total Number of Students	73	76
Iowa Residents	71	69
Male	6	5
Hispanic	2	1
African American	0	1
Native American & Pacific Islander	0	0
Asian	3	0
International	0	0
Other/Unknown	5	5
Multi-race	NA	3
White	63	65

Beginning in the fall of 2011, the Iowa Board of Nursing (IBON) approved changes in the admission criteria for the RN-BSN program. Elevating the GPA to 3.0 had the predicted impact of reducing the number of students in the program and lowering the attrition rate. This change has stabilized the number of student completing the program. The proportion of students beginning the RN-BSN program within one to two years post-ADN is growing rapidly and has been over 59% the last two years. The percent of practicing nurses in Iowa with a BSN has risen from 23% in 2010 to 46% in 2015 (Iowa Board of Nursing).

Figure 9: December 2013: Dean Frantz introduced Kurt Alexander (BSN '13), the RN-BSN class speaker.

Figure 10: RN-BSN Retention Rate
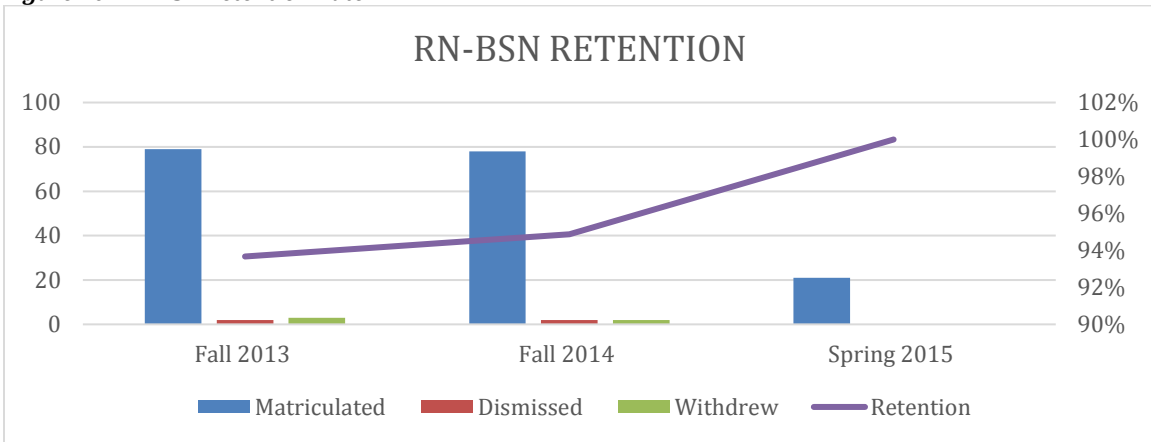
Curriculum

In the fall of 2013, teaching teams for the RN-BSN faculty were implemented. Pat Nelson has been the chair of the team. She has been instrumental in creating a sense of shared understanding of the content being taught, creating a forum for discussion of how the students experience the program (for example non-standard ICON use) and identifying students at risk and in need of support. The team membership changes with teaching assignments. The team meets 2-3 times per semester and has been positively received by the faculty.

The new courses in the revised curriculum have now all been taught four times. The RN-BSN online course objectives are the same as the face-to-face courses in the pre-licensure BSN program. The course revisions for the professional role courses described in the 2013 biannual report (https://nursing.uiowa.edu/about-us/annual-reports) apply to the RN-BSN program. The Professional Role IV transitioned from a practicum to a project course in fall 2014.

A minimum of two nursing electives are offered each semester (fall, spring and summer) and create options for RN-BSN students to explore some areas of interest in greater depth. The electives of Pain, End of Life and Legal Issues are all offered online and are largely subscribed by RN-BSN students.

Opportunities to Enhance RN-BSN Education in the Future

The RN-BSN curriculum does not include IPE learning experiences. Students in the program are practicing in clinical settings and interacting with members of the healthcare team from other disciplines, though their inter-professional exposure may not be purposeful, positive or team oriented. The faculty have determined that developing a specific inter-professional education program for online students across the state would not be feasible at this time. As enrollment shifts and more students enter the RN-BSN program immediately from their ADN program and possibly not employed, some form of IPE content may need to be included.

Goal #2: Develop Exceptional Post-Baccalaureate Nursing Professionals for Practice and Research

Accreditation

In March 2014, the Iowa Board of Nursing accepted the Nursing Education Program report and granted full approval for a period of six years to the College of Nursing's organization and administration of graduate degrees in nursing:
- MSN-CNL (post-licensure)
- DNP
- PhD

In November 2014, The College of Nursing's DNP program received the maximum ten years of continuing accreditation from the Commission on Collegiate Nursing Education following an extensive self-study and on-site accreditation visit by a three-member team of accreditors. The next on-site evaluation of the DNP program will take place in the spring of 2024.

Graduate Program Rankings

U.S. News & World Report (USNWR) continues to rank the University of Iowa College of Nursing graduate programs among the 25 best in the nation (compared to all public and private universities). The publication, "America's Best Graduate Schools 2016," includes the following program and specialty rankings from the College of Nursing with a comparison to (2015 rankings):

- No. 2 – Nursing Service Administration/Health Systems (unchanged)
- No. 9 – Nurse Anesthetist (up from No. 11)
- No. 11 – Adult/Gero Nurse Practitioner* (this specialty was not previously ranked by USNWR)
- No. 14 – Pediatric Nurse Practitioner (down from No. 12)
- Unranked – MSN
- Not Applicable - DNP
- No longer ranking* - Gerontological/Geriatric Nursing

Unranked: A ranking of unranked means that the U.S. News did not calculate a numerical ranking for the College of Nursing. Iowa phased out the MSN programs for advanced practice (nurse anesthesia and nurse practitioner) and nursing administration and the only master level program remaining is the Master's Clinical Nurse Leader (MSN-CNL). Since the MSN-CNL is a new program, the cohort was small (N=10 or less). When there is a small cohort (N=10 or less), as per Department of Education's guide, the CoN is not allowed to provide indebtedness figures because it is too easy to then identify the students. As the MSN-CNL program grows, data will be provided without compromising student identity.

Not Applicable: Both MSN and DNP rankings take into account the ratings of academic experts. To collect these data, nursing school deans and deans of graduate studies were asked to rate the academic quality for both master's and DNP programs at nursing schools separately on a single survey instrument. The statistical data used for both rankings were collected from nursing schools using a single online statistical survey in fall 2015. **In 2016, the statistical data used for each program was separated.**

Specialty rankings: The nursing specialty rankings are based solely on assessments by nursing deans who identified up to 10 schools offering the best programs in each specialty area. Those schools receiving the most votes in each specialty are numerically ranked in descending order based on the number of nominations they received. Ranking in a specialty is available only when a specialty received seven or more votes on the peer assessment survey.

*No Longer Ranking: Generic program rankings have been replaced by nursing specialty rankings.

Master of Science: Clinical Nurse Leader Program

Strategy 2.2: Evaluate future direction for CNL program

In 2010, the College received approval from the Iowa Board of Nursing to change the MSN-CNL program from the model C (pre-licensure) to the model A (post-BSN). This change was based on the decreasing demand and resource intensive needs of the model C program. In 2011, the College closed the model C MSN-CNL program and officially transitioned to the model A MSN-CNL program. The last cohort of model C students graduated in the summer of 2012; the first cohort of model A students graduated in 2013.

The resources to support recruitment are limited, i.e. travel expenses to promote the program to nurse leaders within the program. The persistent lack of inclusion of the MSN-CNL program as part of the overall graduate program when both internal and external resources and materials are developed limits the ability to effectively market the program both internally and externally.

Table 6: MSN:CNL Enrollment Fall 2013 and Fall 2014

MSN:CNL Enrollment	Fall 2013	Fall 2014
Number of Students	10	9
Iowa Residents	8	9
Male	1	0
Hispanic	0	0
African American	0	1
Native American & Pacific Islander	0	0
Asian	0	0
International	0	0
Other/Unknown	2	1
Multi-race	0	0
White	7	7

Table 7: MSN:CNL Graduates AY 2013-2014 and AY 2014-2015

MSN Graduates	2013-2014	2014-2015
Total Number of Students	4	3
Iowa Residents	4	3
Male	0	0
Hispanic	0	0
African American	0	0
Native American & Pacific Islander	0	0
Asian	0	0
International	0	0
Other/Unknown	0	0
Multi-race	0	0
White	4	3

Curriculum

The curriculum is the strength of the MSN:CNL program. The program is well integrated with the DNP core curriculum so the resources required for the program is limited. The CNL curriculum is designed to meet the standards of the *Essentials in Master's Education in Nursing* (AACN, 2011) *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013). Significant changes during the past two years include:

- Elimination of the Master's Portfolio requirement as a stand-alone course and integration of the requirement into other courses.
- Increasing content of pharmacology, physiology, and physical assessment to ensure that students are able to provide comprehensive care across the continuum and in multiple settings.

Figure 11: Dr. Lindell Joseph, CNL Program Director, and Dana Fowler, Lecturer and AGNP-acute care DNP student, who teaches Physiology, Pathophysiology, and Pharmacology I & II in the CNL Program, prepare to meet new CNL students.

The following summary highlights other outcomes in the CNL program achieved during FY 2014 and 2015:

- Organized the first juried poster presentation for the dissemination of the capstone project for the MSN-CNL class graduating in fall 2013.
- Implemented online evaluations for the evaluation of the student by the administrative preceptor and evaluation of the administrative preceptor and administrative site by the students.

- Transitioned the coordination of the program to Lindell Joseph in July 2014, who has continued to promote the MSN-CNL program by meeting with nurse leaders and nurses as opportunities arise.
- Evaluated CNL role function enculturation using narrative inquiry methods.
- Established a bi-annual Chief Nursing Officer National Teleconference Advisory Group to examine practice trends and emerging roles of the CNL role.
- Establish Iowa's CNL Community on Facebook to generate ideas on role variations and to network.

Table 8: CNL Certification Pass Rate

CNL Certification Pass Rate*	2013	2014
N of Graduates Tested	2	2
CoN Pass Rate	100%	100%

*Certification is optional and not a requirement for practice.

Doctor of Nursing Practice

Strategy 2.1*: Develop an acute care nurse practitioner DNP program*

A task force of NP faculty spent the summer of 2014 working with a consultant to develop a curriculum for an Adult/Gero Acute Care Nurse Practitioner and a Pediatric Acute Care Nurse Practitioner program. A proposal, including national and regional data, was presented to the faculty and the Graduate Council in the fall of 2014. In December 2014, the Iowa Board of Nursing approved two new acute care nurse practitioner tracks to the DNP program and upon the CCNE's approval of the new tracks in March 2015, the College plans to enrolled the first cohort of BSN-DNP and MSN-DNP students to the acute care tracks in the summer of 2016.

The implementation of the two new ACNP tracks required new faculty (see Goal #5) and the creation of new ACNP courses as well as the reevaluation of current DNP courses.

New courses created for the ACNP program include the following:
- Adult-Gerontology Acute Care I and II
- Advanced Practice Acute Care I, II, and III
- Pediatric Acute Care I and II
- Advanced Practice Acute Care I, II, and III

Strategy 2.3*: Examine need for post-BSN certificates in targeted areas of specialization and their fit with existing program resources*

Implementation of the Affordable Care Act has resulted in an increasing number of newly insured individuals and a new focus on integrated primary and behavioral health care services. Providers who are dually certified in both a primary care specialty and psychiatry are in short supply and increasingly in demand. These providers are especially in demand in rural areas such as Iowa where psychiatric services are often unavailable. As a result of these rapidly changing needs, over the past three years the DNP program at the University of Iowa has seen an increasing number of graduates from primary care programs (FNP, AGNP, PNP) return to obtain a Psych/Mental Health Nurse Practitioner (PMHNP) post-graduate certificate in order to meet the needs of their patient population. Further, there has been increased interest in the potential to obtain both certifications more efficiently in a single educational experience.

In the summer of 2015, the CoN submitted a dual-certification proposal to the Graduate College. The dual classification allows DNP students to pursue two population-specific subprograms simultaneously within the DNP program. The proposed programs combines three of our existing nurse practitioner programs, including FNP, AGNP, PNP, with the PMHNP program. Upon successful completion of program course work as required by their specialties,

students can obtain transcript notations in two subprograms (e.g, FNP and PMHNP, AGNP and PMHNP, PNP and PMHNP), and then are eligible to sit for two certification exams. The dual-certification program was approved by the Iowa Board of Nursing and student enrollment will begin in the fall of 2015.

Strategy 2.4: Recruit and graduate exceptional graduate students

In the fall of 2014, the College of Nursing developed a marketing and recruitment plan to better position the college, leverage our academic influences, respond to market forces, and attract exceptional students. The marketing and recruitment plan was developed on three fronts – name recognition, recruitment activities, and personal contacts. Specific action steps were identified within each area.

Figure 12: October 2014: Dean Frantz attended the ANCC Magnet Conference in which the UIHC Department of Nursing was awarded the prestigious magnet prize for 2014. Dean Frantz represented the partnership between the College of Nursing and the Department of Nursing.

The new marketing plan has given us opportunities to publicize our new acute care programs and grow our programs in nursing administration, AGNP, PNP and Psych Mental Health NP. In the last two years, the CoN has sponsored exhibits at the following conferences:

- ANCC Magnet Conference - October 2014 - Dallas, TX
- NAPNAP Conference - March 2015 - Las Vegas, NV
- NSNA Annual Meeting - April 2015 - Phoenix, AZ
- AONE Conference - April 2015 - Phoenix, AZ
- NTI & Critical Care - May 2015 - San Diego, CA
- AANP Conference - June 2015 - New Orleans, LA

Table 9: DNP Enrollment Fall 2013 and Fall 2014

DNP Enrollment	Fall 2013	Fall 2014
Number of Students	201	175
Iowa Residents	184	129
Male	28	29
Hispanic	6	4
African American	3	6
Native American & Pacific Islander	4	2
Asian	2	2
International	0	0
Other/Unknown	43	12
Multi-race	NA	1
White	143	147

Table 10: DNP Graduates AY 2013-2014 and AY 2014-2015

DNP Graduates	2013-2014	2014-2015
Total Number of Students	68	43
Iowa Residents	62	40
Male	8	7
Hispanic	3	0
African American	2	0
Native American & Pacific Islander	0	0
Asian	0	0
International	0	0
Other/Unknown	4	1
Multi-race	NA	0
White	59	42

Curriculum

DNP program curricula incorporate professional standards and guidelines as appropriate. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN 2006) and incorporate additional relevant

professional standards and guidelines as identified by the program. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF 2012) and specific NTF standards and guidelines as identified by the respective population focus. The nurse anesthetist program incorporates the Council on Accreditation's (COA) *Standards for Accreditation of Nurse Anesthesia Education Programs* (2012), and the indirect care DNP Health Systems program incorporates the AONE *Nurse Executive Competencies* (2005).

Examples of changes to the DNP program:
- Changed admission deadline to be more competitive with other programs.
- Eliminated the genetics pre-requisite to all DNP programs; genetics content will be threaded throughout specialty coursework.
- Added Pathophysiology for Advanced Clinical Practice I and II to direct care programs.
- Added Pharmacotherapeutics for Advanced Practice Nursing I and II.
- Added a Graduate Pharmacology Specialty course to each direct care track that does not currently have one.
- Consolidated the content of three health systems courses offering similar content into two courses.
- Revised seven didactic and six clinical SRNA courses.
- Increased semester hours of anesthesia clinical courses to two semester hours to reflect extensive contact time.
- Created new electives to broaden DNP studies:
  - Care Coordination Across Professional and Organizational Boundaries
  - Psychopharmacology for Advanced Clinical Practice
  - Application of Educator Role Competencies

AGNP

The program director for the AGNP program took a leave of absence in 2014 and left the university in 2015. During this time, the Executive Associate Dean served as interim director. The search for a new director is underway. The program continues to attract academically strong students and enjoys a very high certification pass rate. As with other programs, securing preceptors is becoming a challenge.

CRNA

The program continues to have very strong didactic performance by students. Clinical case volume and assortment continues to be strong, except for cardiothoracic which has fallen nationwide. The graduates are well trained in all facets of anesthesia practice, including general and regional anesthesia; obstetrical anesthesia; and acute and chronic pain management. Upon review of clinical experiences listed on the publically available COA School Search website, students at The University of Iowa program complete about 20% more clinical volume than students at similar programs nationwide. Our students are known for having remarkable clinical skills upon graduation.

FNP

The FNP program at Iowa is a well-developed, firmly established, quality educational program committed to excellence and providing exceptional, independent primary care providers to the state and the nation. Our program has had a consistent and abundant number of qualified applicants. The CoN has explored various options for assessing the writing skills of the applicants, as this has been identified as a skill need for students entering the program. A writing exercise was developed and initiated during the last interview process and evaluated. The FNP and PMHNP program served as trial groups and the project will be utilized for most programs in the coming year.

Figure 13: Dr. Kerri Rupe leads the Family Nurse Practitioner Program, which continues to be the largest advanced practice specialty track offered in the DNP program at the College of Nursing. Here she is teaching a group of DNP students the physical examination component of advanced health assessment.

NNP

The strengths of the NNP program include the partnership between University of Iowa and the University of Missouri-Kansas City. The program director is on faculty at both institutions. Enrollment has decreased as competition with online, Master's programs lure students away from the Iowa BSN to DNP Program.

PMHNP

Two members of the teaching team are dually certified in both family and psychiatric mental health nursing and both maintain a PMHNP practice. The delivery of didactic course content was redesigned and seminar course assignments were altered to place more emphasis on evidence-based practice. Both courses were

specifically redesigned to more closely articulate theory and clinical experiences. Students in the PMHNP program now enter their clinical courses with a higher level of knowledge. The CoN has a strong NP preceptors across the state who are willing to share their expertise by giving lectures on clinical topics and are eager to provide input into the program. Many extra-curricular experiences are available through UIHC and other resources across the state, and are usually offered to students for only a nominal fee. State funding is available to PMHNP students.

PNP
The PNP program provides students with an in-depth advanced assessment clinical education with simulation and a variety of clinical scenario experiences. Many of the 3rd year students stay with the same preceptor the entire following year (540) hours as well as during their clinical emersion (96) hours. This has proven to be both beneficial for the student and preceptor; gradual independence and trust are gained, resulting in a well-prepared PNP student. Many of the preceptors have served in this role for many years and have increased the reputation of the PNP program.

Figure 14: DNP students learn to conduct advanced health assessment through a number of strategies including the use of standardized patients, online coursework, and simulations.

Health Systems
The Health Systems program has a strong faculty team with background in Health Systems and national and international reputations. Dedicated work groups have been constituted and work to address program-specific issues such as tailoring practica to individual students. A strong focus has been on refinement of students' evaluation of practicum sites and preceptors and on integration of the matching of

students to practicum sites and preceptors across the HS DNP courses. For preceptor matching, Trajectory Planning meetings prior to the start of the next semester were developed and implemented. All faculty teaching a practicum course meet to select the best-matched preceptor for each student in each course. The implementation of i-folio as a tracking database was completed in spring of 2013. An updated strategic plan for the track was completed in 2015.

Table 11: Certification Exam Outcomes

Year	Specialty	N of Test Takers	N Passed on First Take	Certification Pass Rate
2014	ANP and GNP (AGNP)	5	5	100%
	NCE (CRNA)	11	11	100%
	FNP	11	11	100%
	NNP	0	0	
	PNP	9	9	100%
	PMHNP	10	10	100%
2013	ANP and GNP (AGNP)	14	14	100%
	NCE (CRNA)	11	11	100%
	FNP	15	14	93%
	NNP	0	0	
	PNP	3	3	100%
	PMHNP	1	1	100%

Table 12: Employment Commitment of DNP Students

Employment Commitment (AACN)	**8/1/2013-7/31/2014**	**8/1/2014-7/31/2015**
Academic Position	3	
Faculty Position: School or College of Nursing		
Post-Doctoral Fellowship		
Non-Academic Position		
Hospital nursing service administrative or executive position	1	1
Hospital nursing service research and/or clinical position	24	26
Ambulatory (non-hospital) research position and/or clinical position	31	4
Private consultation or consulting firm		3
Federal or state governmental agency		3
Business or industry		
Military	3	
No employment commitment	1	
Do not know	5	6

Strategy 2.5: _Ensure clinical competency and population focus expertise of DNP program coordinators_

The environment of advanced practice nurses continues to change as the Affordable Care Act is implemented. Salaries for nurse practitioners have grown substantially. To maintain leadership in the clinical programs, the track Coordinators (e.g. FNP) were promoted to Directors in 2015. Commensurate salaries were also provided. Even with these enhancements, the competition for advanced practice nurses is a challenge for the CoN.

The ability of the CoN to open two acute care nurse practitioner tracks was dependent on finding, and paying, highly qualified faculty. The CoN was fortunate to find a nationally recognized faculty member willing to assume the leadership role in the Adult/Gero track. The administrative team was creative in developing roles and expectations that allowed the faculty member to 'commute' from the east coast. This pilot program may be a solution to finding and retaining other program directors.

Strategy 2.6: _Enhance funding for graduate students and graduate programs_

The College of Nursing has made funding available for DNP students to assist them in funding their education through financial aid and scholarships. In 2013-2014, the Scholarship Committee of the College of Nursing awarded $ 105,860 in scholarships and awards to DNP students. In 2014-2015, the amount increased by 21.4% to $ 128,538 in scholarships and awards to DNP students.

The CoN established a new award (The Dean's Fellowship Award) for two exceptional PhD applicants each year that will support tuition, an RA position and a stipend for the first four years of study. The first student was awarded this fellowship in AY 2015. The PhD website was revised to showcase funding opportunities. In addition the PhD director and student advisor meet regularly to identify students who meet scholarship requirements and those students who meet criteria are personally invited to apply. Emails are sent to the entire student body with updates on funding opportunities. In AY 2015, the CoN offered all incoming, full-time PhD students tuition support and an RA position as the minimum funding level.

Strategy 2.7: _Ensure high quality practicum learning experiences for DNP students_

As noted above, the CoN has not struggled to find high quality, engaging preceptors for NP and HS students. The reputation of the faculty, the college, the curriculum, and graduates have been valuable to preceptor recruitment. Additionally, the CoN is one of the few programs in the region that employs a full-time RN to coordinate clinical placement. Our Clinical Coordinator visits clinical sites, communicates with potential preceptors, and collaborates with faculty to assure the highest quality clinical experiences for Iowa students.

Table 13: Number of Preceptors by Program Fall 2013 and Fall 2014

Program	Number of Preceptors		Number of Counties	
	2013	2014	2013	2014
BSN	170	109	7	3
RN to BSN	74	63	27	21
DNP and MSN (except CRNA)	129	93	46	16*
CRNA	25 clinical sites	23 clinical sites	21	21

*Three counties were outside of Iowa and in the states of Massachusetts, Texas and Wisconsin

Figure 15: November 2014: Dr. Anita Stineman celebrated with her daughter, Keeli Irwin, PNP, Mercy Care of Mt. Vernon, who was among those honored as outstanding preceptors at the preceptor appreciation event.

Strategy 2.8: Examine graduate programs in relation to current workforce expectations and evolving science

The development of the acute care NP proposal was sparked by local need and involved an examination of the advanced practice nurse needs across the nation and regionally. It was clear to the faculty that the acute care role was needed, but few programs existed in the region. The certifying and accrediting bodies in nursing have indicated that advanced practice nurses practicing in acute care settings must have the proper credentials. Many area hospitals use Family Nurse Practitioners to provide acute care services.

The passage of the Affordable Care Act ushered in an era of health promotion and ambulatory care not previously seen. The need for primary care nurse practitioners and health care administrators knowledgeable of the role of advanced practice nurses will continue to grow. The CoN created a Community Advisory Board in 2015 to provide insight from the community about the needs of institutions and the competencies needs by CoN graduates.

Several graduate faculty are on boards of national organizations and are, therefore, able to provide knowledge about workforce expectations from a national perspective. The CoN supports and encourages faculty to be in such positions.

<u>Strategy 2.9</u>: Ensure high quality interprofessional experiences for all graduate students

Graduate students in advanced nursing practice clinical tracks obtained interprofessional education (IPE) in a variety of ways throughout the curriculum. They participated in simulated patient encounters with other health science students from medicine, dentistry, pharmacy and social work. They also interacted and learned from professionals in other health care disciplines during their precepted clinical practicum experiences. The depth and breadth of these experiences are difficult to capture because they are so integrated into the daily practicum activities, are individualized, and vary according to specialty and site. It has been difficult to schedule more extensive IPE learning activities on campus with other health science students because of the remote nature of our distance learning students. CoN have identified IPE as an area to improve and are working to increase learning activities both in the classroom and clinical areas.

PhD Program

Strategy 2.10: Enhance overall quality of PhD program by ensuring PhD curriculum addresses changing scientific demands

In 2015, the Graduate College conducted a university-wide evaluation of PhD programs. The College of Nursing submitted a self-evaluation document that was reviewed by a health science subcommittee. The final report will be published in spring of 2016.

In the spring of 2015, the faculty conducted regular curricular reviews through the PhD Forum and created a new Biological Markers in Health Research course. This course introduces the use of biomarkers as 1) surrogate clinical endpoints, 2) measures of behavior, and 3) measures of exposures. The course will focus on the judicious integration of biomarkers into an overall program of health research in light of pertinent considerations, including validity, reliability, feasibility, and cost. Students enrolled in the BSN to PhD program may take this course as a core course. Students enrolled in the MSN to PhD program may take this course as an elective. This course will be taught for the first time in spring 2017.

Figure 16: April 2015: Kirstin Manges, PhD student, presents her poster, "An Evolutionary Concept Analysis of Team Mental Models in Healthcare" at MNRS.
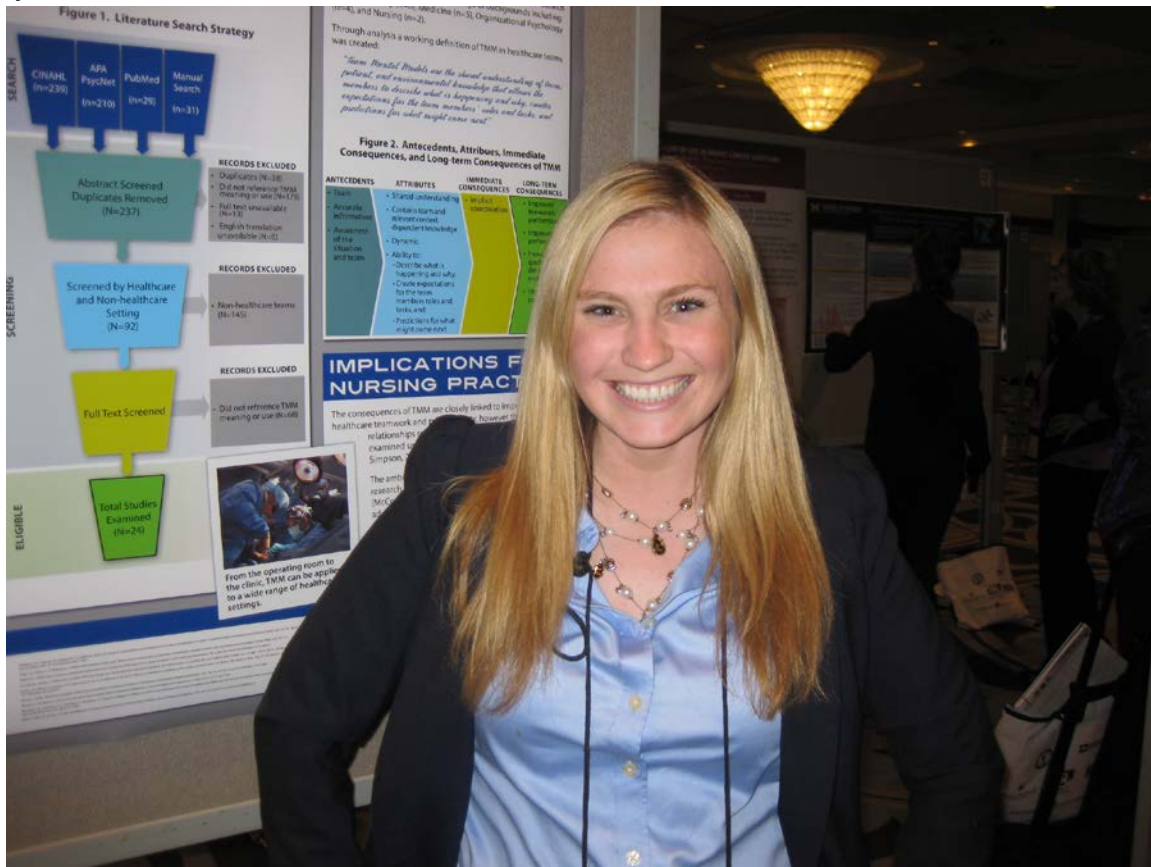
Strategy 2.11: _Ensure preparation of PhD students for teaching role_

- As part of the Research Scholarship Role Development course, all PhD students received the following content on teaching: Faculty Role in Teaching, Curriculum Development and Evaluation, Mentor-Mentee Relationships, Academic Duty & Academic Freedom, and Teaching Exemplars.
- In addition to the content specific to the teaching role noted above, PhD students may take the Role Development: Educator in a Practice Discipline as an elective. To date no PhD students have enrolled in this class. It was first offered in the Fall of 2015—it is offered every other year (Fall 2017 is the next offering). This class comes late in the students' plan of study, therefore greater uptake is anticipated in the future because the new students will have planned for the class in their individual plan of study.
- Students may also elect to complete one or more teaching certificate programs offered by the College of Education (Graduate Certificate in College Teaching or Certificate in Online Teaching). Of our current students, one has earned Graduate Certificate in College Teaching.

Strategy 2.12: _Increase opportunities for informal socialization among faculty and graduate students_
- An ice-cream social for students and faculty is held each year as part of the Doctoral Student Orientation.
- Individual faculty have hosted informal gatherings for their research teams, which include PhD students.

Figure 17: Summer 2015: Dr. Thad Wilson welcome new graduate students to the College of Nursing.

***Strategy 2.13**: Refine PhD comprehensive examination & dissertation process*

- Comprehensive Written Exam 1 is a comprehensive critical review paper (CRP) of a body of knowledge in which the student provides evidence of the breadth and depth of knowledge and understanding in a particular content area of nursing. The CRP must include analysis and synthesis of theory, research, and practice related to the specific content area and a discussion of the implications for theory, research, and ethical practice.
- Comprehensive Written Exam 2 is a doctoral research prospectus (DRP). The DRP is a draft of the dissertation proposal, but completion of the DRP does not replace the dissertation proposal. The DRP includes a specific aims page similar to an NIH grant application with a synopsis of the background, and a one-page significance section. The remainder of the DRP contains the approach/design, including a model that guides the study, setting/site; sample; sample size, measurement of study variables, data analysis, and alternative strategies. Students are expected to provide their rationale for each of these components within the DRP.
- The Comprehensive Oral Examination focuses on the quality and content of the two written papers (CRP and DRP) as well as on the content of the field of study and cognate or supporting coursework.

***Strategy 2.14**: Regularize & intensify PhD program evaluation*

In 2013, the PhD faculty initiated yearly progression reviews for each student. In the spring semester each student, his or her advisor, and a member of the PhD admission and progression committee meet with the PhD director to review the student's progress, set goals for the upcoming year, and trouble shoot issues that could delay the student's progression. It has worked well to keep students on pace.

Time to degree remains within expectations for the UI Graduate College $\leq$ 7 years. In the past five years, the CoN has never averaged more than 7 years, and during this reporting period the average time to degree was 6.25 years. This includes BSN-PhD and MSN-PhD students.

***Strategy 2.15**: Enhance access to PhD program while maintaining quality*

The UI College of Nursing PhD program remains an attractive program for nurses who seek a PhD. Compared to the 2005-2010 University of Iowa's Graduate College Report, our total admission numbers have remained stable over the past five years (total 2005-2009 n = 25; total 2010-1014 n = 27). In addition, student placement is excellent. Traditional faculty and post-doctoral experience remain the most common initial placement types. However, our graduates are taking jobs as Nurse Executives, in government, and as non-faculty researchers.

Table 14: PhD Enrollment Fall 2013 and Fall 2014

PhD Enrollment	Fall 2013	Fall 2014
Number of Students	33	27
Iowa Residents	18	16
Male	1	1
Hispanic	0	0
African American	4	2
Native American & Pacific Islander	0	0
Asian	2	2
International	3	2
Other/Unknown	3	2
Multi-race	NA	0
White	21	19

Table 15: PhD Graduates: Academic Year 2013-2014 and 2014-2015

PhD Graduates	2013-2014	2014-2015
Total Number of Students	7	2
Male	4	1
Hispanic	0	0
African American	2	0
Native American & Pacific Islander	0	0
Asian	0	0
International	1	1
Other/Unknown	0	0
Multi-race	NA	0
White	4	1

Table 16: Employment Commitment of PhD Students

Employment Commitment (AACN report)	2013-2014	2014-2015
Faculty Position: School or College of Nursing	5	1
Post-Doctoral Fellowship	1	1
Non-Academic Position	0	0
Hospital nursing service administrative or executive position	1	0

NEXus

While our PhD program, the only public program in the State of Iowa, offers the advantages of a small, close-knit community, the CoN has also had to cancel PhD courses due to low enrollment. This leaves faculty without an outlet to fulfill teaching mission and students without the opportunity to participate fully in a highly rated program.

To help address these challenges, on December 22, 2014 the University of Iowa College of Nursing signed a Memorandum of Understanding (MOU) to become a

member of The Nursing Education Xchange (NEXus) and agreed to participate for a minimum of two years, starting with the spring semester of 2015. NEXus is a cooperative program between 17 universities that provides opportunities for students at one academic collaborating institution to take a course or a series of related courses in a cluster, from another academic collaborating institution.

The goals for the coming year are provided below:
- Increase the number of PhD course offerings via NEXus.
- Increase the variety of courses offered via NEXus. Monitor what other universities are offering and find our "niche."
- Develop a mechanism for Graduate Research Assistant payment of tuition for University of Iowa students enrolling in external NEXus courses.
- Continue to monitor costs and income from the NEXus program.
- Increase University of Iowa graduate student awareness of available NEXus courses.

Opportunities to Enhance Graduate Education in the Future

Though the CoN has enjoyed a robust cadre of qualified clinical preceptors for many years, challenges exist in finding preceptors. Nurse practitioners in primary care are faced with increasing workloads including higher patient volume, other students vying for preceptors, and demands for high quality care. The CoN is aware of this challenge and is developing strategies for meeting it, including increased use of simulation.

The healthcare and research environments are requiring professionals able to function in a collaborative team. Advanced practice graduates and research scientists will need an education focusing on the preparation for team collaboration. The CoN is assessing the curriculum to assure graduates are ready for this challenge.

The competition to recruit qualified faculty to teach and conduct research at a research intensive institutions us intensifying. The CoN will need to continue to explore alternatives to make the University of Iowa an attractive destination for such faculty, including 'commuting' faculty positions.

Goal #3: Advance the Quality and Quantity of Research and Scholarship to Achieve Top 20 Ranking by NIH

The research efforts at the UI College of Nursing are guided by Goal #3 of the collegiate Strategic Plan: To Advance the Quality and Quantity of Research and Scholarship to Achieve Top 20 Ranking by NIH. Accomplishments in pursuit of this goal from FY 2014 and FY 2015 are summarized below for each of the four strategies that support Goal #3.

Strategy 3.1*: Support current areas of scholarly strength (gerontology, healthcare systems and implementation science, pain and symptom management, genetics) and develop emerging fundable areas of science (biomarkers, effectiveness, large data sets and technology at point of care)*

Figure 18: October 2014: Staja "Star" Booker and her mentor, Dr. Keela Herr, a nationally recognized expert in pain management of older adults, present at the IASP.
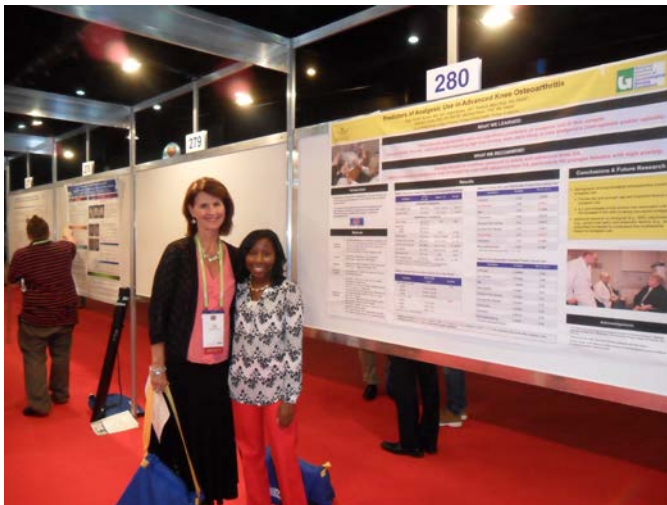
CoN faculty members have a long history of obtaining significant external funding to support the college's scholarly strengths in research, teaching, and practice. For instance, the College of Nursing is a national leader in **gerontological nursing research** and practice initiatives. The Csomay Center for Gerontological Excellence, previously funded as a National Hartford Center of Gerontological Nursing Excellence, provides training to researchers, practitioners, policy makers and the public on best practices in the care of the geriatric population. Currently funded through a generous donation by Barbara and Richard Csomay, the Csomay Center's mission is to "Advance innovative products and services that focus on enhancing healthy aging." The Center produces evidence-based guidelines on optimizing care for older adults that are reviewed by experts and have been adopted by practitioners across the nation. In addition, the Csomay Center received a generous gift in 2015 to create the *Jo Hoyt Freeman Dementia Education and Outreach Fund*. Established by Jo's husband Claude Freeman, this fund provides additional significant support for the Csomay Center to improve care and quality of life for people living with dementia through education and outreach.

A second major collegiate grant that supports gerontological nursing initiatives is led by Dr. Marianne Smith, who in 2016 became the Principal Investigator on iSHARE (Interprofessional Strategic Healthcare Alliance for Rural Education). Funded by the Health Resources Services Administration (HRSA), this three-year project addresses the unmet needs of the aging rural population by providing geriatric workforce enhancement through training of primary care providers on topics related to geriatric care.

Figure 19: Dr. Marianne Smith photographed at a DNP defense.

In alignment with national priorities and a national need to improve pain education, a second area of research excellence at the College of Nursing is in **pain and associated symptoms**. In September 2015, the University of Iowa was named one of eleven NIH Centers of Excellence in Pain Education (CoEPE). According to NIH Director Dr. Francis Collins, "Virtually all health professionals are called upon to help patients suffering from pain." The UI CoEPE brings together an interdisciplinary case development team to develop enduring e-learning pain modules as training and educational resources for medical, dental, nursing, mental health, physical therapy, pharmacy, and other health professions to advance the assessment, diagnosis and safe treatment of pain. In addition to funding for improving how pain education is delivered, Drs. Ann Marie McCarthy and Keela Herr are co-directors of a training grant that prepares pre and postdoctoral fellows in nursing to conduct research in Pain and its Associated Symptoms.

Preventing individuals from abusing drugs that are used to treat pain is another important area of study. Screening, Brief Intervention and Referral to Treatment (SBIRT) is an early-intervention approach for reducing and preventing problematic drug and alcohol use in primary health care settings. Dr. Marianne Smith was awarded a 3-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015 to train 110 practitioners in Iowa per year to deliver SBIRT. The strategy used by the collegiate SBIRT-TIPS (Training Iowa Preceptors and Students) program is to promote adoption of SBIRT practices throughout Iowa by training primary care nurse practitioner (NP) and physician assistant (PA) students and their clinical practice preceptors. The program addresses a critical need to identify and treat problematic substance use within the state of Iowa.

To promote development of emerging areas of research at the CoN, funding in FY 2014 and 2015 also included a large number of internal grants, including the inaugural cohort of 10 faculty receiving Dean's Research Awards from the College of

Nursing in 2015. These externally peer-reviewed 2-year awards averaged $75,000 per project, a collegiate investment intended to position junior faculty to apply for significant external funding in the future in emerging fundable areas of science such as biomarker and genetic correlates of cancer symptoms, promotion of patient safety through simulation, and technological innovations to support symptom management and to prevent opioid misuse.

The college also hosts several Scholarly Interest Groups (SIGs) to provided targeted support for both established and emerging areas of research and scholarship. Sessions are devoted to discussion of cutting-edge research and dissemination of important publications and opportunities for training. SIGs have been organized around a variety of topics including Implementation Science, Big Data and Technology, Social Network Analysis, Genetics, and Gerontological Nursing.

Strategy 3.2: _Increase external grant funding_

In FY 2014 and 2015, the College of Nursing contributed to the overall increase in research funding observed across University of Iowa colleges and departments. Appendix A contains complete list of funded grants in active status during FY 2014 and 2015. Efforts to increase external grant funding are supported by the collegiate Office for Nursing Research and Scholarship (ONRS), which is comprised of six staff and is overseen by the Associate Dean for Research and a Director. This office provides support in all levels of grant application development including identifying funding sources and potential collaborators, assembling applications, securing peer review, and conducting sample size and power analyses for the application. A Technology Innovations Scientist with a PhD in Health Informatics joined the ONRS in 2015 and provides support to faculty for data extraction, building custom computer applications, mobile applications, and building proof-of-concept functional prototypes. In addition to staff support, faculty, postdoctoral fellows and students receive mentoring in grant development through an annual collegiate grant writing workshop. This week-long program organized by the ONRS combines didactic presentations by expert grant writers throughout campus with intensive mentoring sessions in proposal development from senior nursing faculty.

Research at the CoN in FY 2014 was supported by a diverse portfolio of sponsors, including NIH and other federal and nonfederal agencies. Faculty and postdoctoral fellows at the College submitted 52 grant proposals in FY 2014. Of the 12 applications submitted to NIH, nine (75%) were scored, indicating they were judged to be in the top 50% of proposals received. Of these nine, four were ultimately selected for funding. In addition, CoN students submitted three grant proposals in FY 2014, including two proposals to NIH (both were scored, one was funded). Although the national success rate for proposals at NIH continued to be modest (18.1% for FY 2014), the CoN's overall success rate for NIH was 36% (including students), or nearly twice the national average.

Table 17: New Grant Applications by Faculty & Postdoc Fellows for FY 2014

Grant Sponsor	Number of Grants Submitted	Number of Grants Funded	% Funded
National Institutes of Health (NIH and AHRQ)	12	4	33%
Other Federal (e.g., HRSA, PCORI, Dept. of Justice)	11	6	55%
Other External, non-Federal (e.g., RWJF, AHA)	14	3	21%
Industry Sponsored	1	0	0%
Internal (Univ. of Iowa)	14	10	71%
Total	**52**	**23**	**44%**

In FY 2015, 50 proposals were submitted by faculty and postdoctoral fellows at the College. Of the nine applications to NIH, all three that were scored were selected for funding. In addition, students submitted six grant proposals during this year, including two to NIH (one was scored but neither was funded). The CoN success rate for NIH of 27% (including students) was nearly 1.5 times higher than the overall success rate reported by NIH for FY 2015 (18.3%).

Table 18: New Grant Applications by Faculty & Postdoc Fellows for FY 2015

Grant Sponsor	Number of Grants Submitted	Number of Grants Funded	% Funded
National Institutes of Health (NIH and AHRQ)	9	3	33%
Other Federal (e.g., HRSA, PCORI, Dept. of Justice)	7	3	43%
Other External, non-Federal (e.g., RWJF, AHA)	13	2	15%
Industry Sponsored	1	1	100%
Internal (Univ. of Iowa)	20	17	85%
Total	**50**	**26**	**52%**

The strong efforts and investment towards research at the CoN led to the University of Iowa College of Nursing being ranked 20th in the nation for NIH research funding among Colleges of Nursing (Blue Ridge Institute for Medical Research). This distinction marked the achievement of Goal 3 of the collegiate Strategic Plan to "Advance the Quality and Quantity of Research and Scholarship to Achieve Top 20 Ranking by NIH" and is an indicator of the strong base of research funding at the CoN. In FY 2015, College of Nursing faculty were PI's on eight active grants from NIH, representing a total of over $9.3 million. These grants brought in more than $2 million dollars to the UI in FY 2015. During this same time period, CoN faculty generated nearly $800,000 in grants from state and local governments, more than $321,000 from federal agencies other than NIH, and more than $225,000 from Foundations and Associations.

Strategy 3.3: _Cultivate interdisciplinary research teams_

The College of Nursing is continuing to nurture its strengths in three areas of excellence (defined as those with major funding and strong record of publications): Gerontology, Health Systems Improvement, and Pain, Palliative Care and Symptom Management. At the same time, the college is developing emerging areas of emphasis in Management of Chronic Conditions and Health Promotion in At-Risk Populations. These emerging areas are currently supported by internal or smaller external funding. Finally, CoN faculty are developing expertise in several cross-cutting approaches, including Applied Genomics and other –omics, Biomarkers, Health Information Technology, and Community Engagement.

Of the 34 Associate and Tenure Track faculty at the CoN, 29 (85%) are members of interdisciplinary research teams. These teams are comprised of collaborations with clinical partners at UI Hospitals and Clinics (the first Magnet-designated, and only tertiary hospital in Iowa) as well as strong research partnerships with the Institute for Clinical and Translational Sciences (ICTS, funded by UI's NIH Clinical and Translational Sciences Award), Iowa Department of Public Health, Veterans Health Administration and numerous community-based nursing care facilities in Iowa.

Efforts will continue to be directed toward expanding the infrastructure to support all of these areas, including facilitation of interdisciplinary collaborations through participation in cross-disciplinary research forums, proposal development, and scholarship dissemination. Collegiate faculty, trainees and students attend a monthly collegiate Research Forum and Lunch series, in which multidisciplinary faculty present seminars on research topics including biobehavioral research methods (e.g., analysis of cortisol and biomarkers, metabolomics, genetics, fMRI), statistics and research design (meta analysis, sample size determination, cost-effectiveness analysis, pragmatic clinical trials), large data set research (informatics and data mining), and health technology (simulation and mHealth). The Office for Nursing Research and Scholarship also disseminates announcements about interdisciplinary seminars on campus in Physical Therapy, Epidemiology, Psychology, Anesthesia, and the Institute for Clinical and Translational Science. This cross-disciplinary networking approach has strengthened relationships and collaborations with faculty across campus.

Strategy 3.4: _Expand infrastructure to support faculty research & scholarly productivity of all faculty_

College of Nursing faculty, staff and students continue to make strong contributions to scientific and clinical published literature. In 2014, CoN faculty, including Associate, Tenure, and Clinical Track faculty, and CoN students published 92 scholarly works, including articles, book chapters, and other scholarly products such as evidence-based guidelines. In 2015, 118 scholarly works were produced and the 82 articles that were indexed in the bibliographic database Scopus have received 46

citations in 2015. A complete listing of publications is available in **Appendix B**.

A peer group within the college provides a forum through which fellows and junior faculty are mentored by senior faculty on topics ranging from how to budget their time for scholarship, manuscript resubmission, negotiating interdisciplinary collaborations, coordinating large research teams, and working with community partners. As part of the Pain and Associated Symptoms NIH-funded T32 training program, a Mentoring Manual was created that combines best practices in mentoring from multiple disciplines with current research on this topic in order to help all faculty succeed in mentoring students, postdoctoral fellows and junior faculty. The manual advances a "team-based" approach to mentoring in contrast to more standard approaches that rely heavily on one-to-one mentoring relationships. Furthermore, CoN faculty recently approved a career development tool to support the mentoring of junior faculty. The plan codifies roles, expectations and process activities for administrative personnel and faculty as well as outlining a model in which senior mentors are identified for all junior faculty in order to facilitate their development and mentoring skills with PhD and postdoctoral mentees.

Table 19: Publications by College of Nursing Faculty and Students, Jan – Dec 2014

Type of Publication	Number
Journal article	67
Book chapters	24
Other scholarly products	1
Total	92

Table 20: Publications by College of Nursing Faculty and Students, Jan – Dec 2015

Type of Publication	Number
Journal article	104
Book chapters	6
Other scholarly products	8
Total	118

The accomplishments in research and scholarship by CoN faculty, staff and students in FY 2014 and 2015 are defined by a strong research funding base as well as significant investments by collegiate leadership to build infrastructure and provide pilot funding to support future scientific endeavors. The College of Nursing will continue to be a leader in contributing to the advancement of health science disciplines at the University and in fostering research collaborations with other disciplines in order to improve delivery of health services to people in Iowa and the nation.

Goal #4: Expand Outreach and Engagement

Strategy 4.1*: Develop system for tracking outreach activities for the State of Iowa*

This was a new objective for the CoN in FY 2015 and modest advances have been made. Information on preceptor location, student placement, alumni location, and other activities can be found on the Engagement Map (Appendix C). Efforts to expand tracking these data are underway.

Strategy 4.2*: Expand engagement with alumni (beginning with graduation) & with donors*

The Young Alumni Board was created in 2014 to support the College of Nursing. Board members are a diverse group of young professionals in the discipline of nursing. There are eight members representing the graduating classes of the last two years and various locations in the United States. This past academic year the board met face to face Homecoming week-end and enjoyed a great meeting day and a successful football game! The discussions focused on obtaining feedback on the role of simulation in the educational program, the architectural strengths and liabilities of the current building structure in light of new educational technologies, and suggestions to strengthen the curriculum for nursing practice at Iowa.

Figure 20: June 2015: The College of Nursing Young Alumni Board met with Dean Frantz, Drs. Ellen Cram, Liz Swanson and Thad Wilson on June 19-20 to discuss a host of issues to advance the missions of the College: (L to R) Emily Christiansen (BSN '14), Whitney Boyd (BSN '14), Jill Permeswaran (BSN '13), Kelsey Spitz (BSN '15), Dan Lose (BSN '12), Ross Van Allen (BSN '14).

_Strategy 4.3__: Enhance networking with health care providers & community colleges from across the state to facilitate nursing workforce development_

The CoN has continued its commitment to the **Iowa Action Coalition** in the statewide and national campaign to implement recommendations from the Institute of Medicine (IOM) report "The Future of Nursing: Leading Change, Advancing Health."

The Advanced Practice Nurse Summit held in 2013 identified common themes regarding limitations to practice for ARNPs in Iowa. As identified in the IOM report, participants agreed that one of the top barriers to their practice was the lack of authorization from the Medicare program to perform admission assessments as well as certification of patients for home health care services and for admission to hospice and skilled nursing facilities. In Iowa, ARNPs working in hospitals are limited by facility by-laws and there is a lack of ARNP membership on medical staff. Another common theme was the lack of knowledge about the capabilities of ARNPs by physicians, registered nurses and the general public.

Figure 21: July 2013 Dean Frantz (above) opened the Advanced Practice Nurse Summit; participants (below) included College of Nursing faculty and Department of Nursing representatives.

After the Advanced Practice Nurse Summit, the Iowa Action Coalition formed the Advanced Practice Task Force to address the following priorities:
1. Create presentations for boards of health care organizations;
2. Develop guidelines for changing facility by-laws;
3. Provide editorials about ARNPs for local newspapers.

The 2014 Nurse Education Summit featured recommendations from the RN-BSN Task Force for admission criteria, prerequisite courses and co-requisite courses for students pursuing education at either a community college or a four year college in Iowa. The task force continues to make significant gains toward its goal of creating a shared competency-based curriculum for entry at community colleges or four-year schools with a seamless progression to a baccalaureate degree in nursing.

The **Nurse Residency Task Force** completed the development of a 12-month online residency program to help new registered nurses transition to practice. Lori Forneris, Chair of the task force and Chief Clinical Officer at Loring Hospital, presented the program at the National Forum of State Nursing Workforce Centers in June of 2014. The CoN agreed to 'house' the program, providing an infrastructure for its implementation, and hired a full-time staff to direct the program. By June 2015, the program has enrolled 241 residents from 29 institutions in three states.

Each May, the CoN faculty and staff with support from the **100 Great Iowa Nurses** committee, has led a wonderful celebration in Des Moines to recognize the competent, compassionate, and caring nurses of Iowa. Over 400 applications were received and reviewed each year. At the 10th and 11th annual celebrations, approximately 1,000 Iowans attended. Over the past 11 years, patients, coworkers, friends, and family members have nominated nurses from 93 of Iowa's 99 counties.

Figure 22: May 2015: CoN and the 100 Great Nurses Committee celebrate the achievements of 2015 honorees.

Continuing Education moved under the purview of Academic Affairs during FY 2014. The leadership team will continue to work with the Office of Teaching Services to realigning offerings and focusing on programs that could be lucrative for the college. For the third year, Continuing Education, while covering the salaries and benefits for support staff, remains a profitable endeavor. The programs that the college will continue to support are:

- Annual Spring School Nurse Conference
- New School Nurse Orientation
- Two occupational health conferences
- Sexual Assault Nurse Examiner (S.A.N.E.) conferences

Strategy 4.4: Foster ongoing relationships with officials at state & federal levels

In November of each year, as part of the Washington, D.C.-based American Association of Colleges of Nursing Annual Meeting, the dean and others attending from Iowa visit Iowa senators and representatives. Visits have been made to Senators Grassley, Harkin, and Ernst and Representatives Loebsack and King.

Yearly, the CoN provides paragraphs on two outstanding College of Nursing alumni who are living and working in the state of Iowa. The information also carries a photograph of the alum and is sent to all the state legislators.

In February of each year the CoN participates in the Health Sciences Day at the State Capitol. In the spring, the CoN also participates in the University of Iowa Day at the State Capitol. Faculty, staff, and students spend each of these days interacting with state senators and representatives, sharing the good news of the college. Also in the spring, representatives of the College of Nursing attended a reception with legislators in Des Moines.

Strategy 4.5: Expand leadership involvement in professional organizations & on national policy boards

The following table lists new leadership roles in professional organization held by our faculty between 2013 and 2015.

Table 21: College of Nursing Faculty and Their New Leadership Roles in Professional Organizations 2013-2015

Faculty	Organization	Name of Committee	Position/Role	Start Date in Role
Butcher, Howard	National Alliance on Mental Illness		Board of Directors	September 2014
Daack-Hirsch, Sandra	National Institute of Nursing Research and the Office of Rare Disease Research/National	Genomic Nursing Science Blueprint: Next Steps	Expert Panel	August 2014

Faculty	Organization	Name of Committee	Position/Role	Start Date in Role
	Center for Advancing Translational Sciences			
Daack-Hirsch, Sandra	International Society of Nurses in Genetics		Officer, President-Elect	November 2014
Gentil-Archer, Anne C	Iowa Nurse Practitioner Society	Executive Committee	Officer, Other	October 2014
Grossmann, Ruth E	American Society for Nutrition	Advances and Controversies in Clinical Nutrition Conference organization committee	Member	2015
Groves, Patricia S	Academy for Healthcare Improvement	Conference Best Paper Committee	Chair	January 2014
Herr, Keela	American Pain Society	Clinical Practice Guideline Committee	Chair	2015
Herr, Keela	International Association for the Study of Pain	Older Adult SIG	Officer, Treasurer	2015
Huber, Diane	American Nurses Credentialing Center	Standard Setting Panel for Nursing Administration, Advanced	Member	September 2015
Huber, Diane	American Nurses Association	Nursing Administration Scope and Standards Workgroup to revise/update the Scope and Standards	Member	2015
Joseph, Maria L	American Organization of Nurse Executives		Board of Directors	December 2015
Rhodes, Ann	American Bar Association	Task Force on Revision of American Nurses Association Code of Ethics	Board of Advisors	September 2013

Faculty	Organization	Name of Committee	Position/Role	Start Date in Role
Segre, Lisa S	Marcé Society		Board of Directors	September 2015
Smith, Marianne	American Psychiatric Nurses Association	Research Council Steering Committee	Member	August 2014
Smith, Marianne	American Psychiatric Nurses Association	Research Preconference Planning	Member	August 2014
St Marie, Barbara J	American Society for Pain Management Nursing		Board of Directors	2015
Steelman, Victoria	Association of Perioperative Registered Nurses		Officer, Past President	March 2015
Steelman, Victoria	Association of Perioperative Registered Nurses	Nursing Research Committee	Chair	March 2015
Steelman, Victoria	International Federation of Perioperative Nurses		Board of Directors	March 2014
Williams, Kristine N	National Hartford Center for Gerontological Nursing Excellence	Executive Committee	Member	2014
Wilson, Thad R	American Association of Nursing Practitioners	Leadership Program Planning Committee	Board of Directors	May 2014
Wilson, Thad R	American Association of Nursing Practitioners	Grants & Scholarships Foundation	Board of Directors	May 2014

Goal #5: Attract, Maintain and Develop Outstanding Faculty and Staff

Strategy 5.1*: Recruit & retain promising faculty to maintain strong support of College of Nursing goals*

In FY 2014, the College hired 13 new faculty members to fill priority areas for teaching, research and scholarship. Four of the five Associate faculty who were hired in FY 2014 has applied for and been hired as tenure track Assistant Professors and one Associate left the university. The College also hired eight lecturers; one to join House Calls and seven to serve our teaching mission.

In FY 2015, the CoN hired 10 new faculty members to fill priority areas for teaching, research and scholarship. The new faculty members include two Assistant Clinical Professors, one Assistant Professor, two Associates and five Lecturers. One lecturer was promoted to Senior Lecturer. The Executive Team will continue to monitor the faculty needs of the CoN and develop a plan for strategic hiring.

Strategy 5.2*: Develop and promote programs to support faculty and staff development, engagement and recognition of excellence and contributions*

Faculty

To promote the development and retention of all faculty, the College developed a comprehensive mentoring guide and a career development plan and procedure. All Associates, Assistant Professors, and Clinical Assistant Professors had a primary and secondary college mentor assigned to them as of summer 2015.

Table 22: Distribution of Faculty by Rank

Full-Time Equivalents (FTEs)*	Fall 2013	Fall 2014
Tenure Track		
Professor	9.15	8.65
Associate Professor	10.00	11.00
Assistant Professor	9.00	11.00
Associate	4.00	1.00
Total	32.15	31.65
Clinical Track		
Professor	2.00	1.00
Associate Professor	9.55	10.30
Assistant Professor	7.25	4.00
Instructors	1.60	1.65
Total	20.40	16.95
Lecturers (permanent and	17.55	23.30
TOTAL—all ranks	70.10	71.90

*Calculations are based on appointments at the beginning of the academic year.

Table 23: Number of Faculty with Awards

FAAN	FAANP	FACHE	FNAP	RWJ Nurse Executive Fellow	RWJ Nurse Scholar	"Active Nursing Practice"
19	7	1	2	2	1	27

Figure 23: October 2014: Drs. Sue Moorhead, Sue Gardner, Barbara Rakel, and Patricia Clinton were inducted as Fellows into the AAN during the Academy's 40th annual meeting in Washington, D.C.

Table 24: Faculty Promotions

Faculty Promotions	2013 - 2014	2014 - 2015
Male	-	1
Female	3	4
White	2	5
Underrepresented group	1	-
Total promotions	3	5

Staff

All of the College's staff members participated in professional development activities during the period of this report. Three staff members were promoted.In 2013-2014, all but one of the College of Nursing's 43 staff members met or exceeded performance expectations. In 2014-2015, all but one of the College of Nursing's 47 staff members did not met or exceeded performance expectations.

As of July 1, 2014, 91% of faculty and 87% of staff were female and 91% of faculty and 89% of staff identified themselves as white. One of the new staff hires in FY 2014 was from an underrepresented group.

Table 25: Staff Promotions

Staff Promotions	2013 - 2014	2014 - 2015
Male		
Female	1	2
White	1	2
Underrepresented group		
Total promotions	1	2

<u>*Strategy 5.3*</u>*: Cultivate a culture of respect and equal opportunity.*

As noted in the introduction, the Strategic Plan for 2015 – 2017 has incorporated diversity into the other goals, so there is no specific diversity goal. During the spring of 2015, the Diversity Committee revised their mission statement:

> *The College of Nursing Diversity Committee embraces and endorses a broad definition of diversity. The committee shall ensure the college provides a climate and culture that fosters, promotes, and encourages social, professional, and educational interactions that support a profound appreciation and celebration of our differences and that reinforces the tenets of the CoN Pillars. Working collaboratively with all members of the CoN, we aim to foster and strengthen our relationships and work environment, promote understanding, cultural humility, respect, and accountability within the college community and beyond.*

The Diversity Coordinator for the CoN has participated in and encouraged attendance at numerous university, local, and regional programs. Her leadership at the university level is a strength of the college. A complete listing of activities is beyond the scope of this report, so a representative sample is presented below.

Faculty/Staff

The CoN Diversity Office has developed and coordinated a number of presentations and activities for college retreats:
- Winter 2014 – completed qualitative analysis of diversity survey and presented to faculty and staff. The presentation included recommendations for ways to make the work environment more open, transparent, and respectful.
- Fall 2014 – sponsored visit and presentation by Dr. C. Barnes-Boyd who discussed the challenge of diversity in today's world.
- Winter 2015 - led discussion on how individual strengths make the college a stronger institution. Everyone completed the StrengthsQuest for Building Stronger Teams instrument prior to the retreat and brought results with them.
- Spring 2015 - co-facilitated a workshop with using information from the National Coalition Building Institute.

- Ongoing – provided information about and encouraged use of CultureVision, available to all faculty through the university.

Students

- Fall 2014 – changed the name of the Minority Student Nurse Association to the Multicultural Nursing Association to better reflect the efforts of the group.
- Fall 2014 – Dr. Maggie Thurmond Dorsey from the University of South Carolina, author of *My Hero My Dad, The Nurse* presentation for students and community.
- Spring 2015 - Working with Native American Communities - developed and coordinated session for UI nursing students.
- Spring 2015 - StrengthsQuest for Building Stronger Teams session for pre-nursing students who are members of Multicultural Nursing Association.
- Yearly – students and faculty from the Iowa Men in Nursing organization attend the annual conference of the American Assembly for Men in Nursing.

Goal #6: Maintain Sound Finances and Resources

Strategy 6.1*: Ensure a financial position for the College built on non-GEF operational revenue sources*

The decline in state appropriations to the Regents institutions over the past seven years continues to place increased pressure on colleges to become more efficient financially. The University of Iowa changed the method of allocating online tuition revenue in March 2013. The tuition from online courses in both the RN-BSN and DNP programs were allocated directly to the CoN. The college was able to retain 87.5% of the tuition from courses offered online. The downside has been that, annually, the majority of online tuition allocated to the college needed to be spent or encumbered by June 30.

The unique funding mechanism described above led to two years (FY 2013 & FY 2014) of revenues exceeding expenses, the college essentially broke even in FY 2015 with revenues of $16.1M and expenses of $16.3M, as the decline in state appropriations continued. In FY 2014, revenues of $18.5M exceeded expenses by $3.5M. The reduction of approximately $800k in expenditures in FY 2014 was largely due to decreases in the General Expense, Equipment and Faculty Practice general expense categories as CoN personnel continued to diligently monitor for less expensive options. While revenues decreased slightly from DNP tuition ($260k), and student fees ($4k), the CoN realized increased revenues for Federal and Non-federal grants and contracts ($217k), Foundation and Public Gifts ($160k), and Continuing Education ($45k).

University of Iowa College of Nursing Revenues for Fiscal Year 2014 (July 1, 2013 through June 30, 2014)

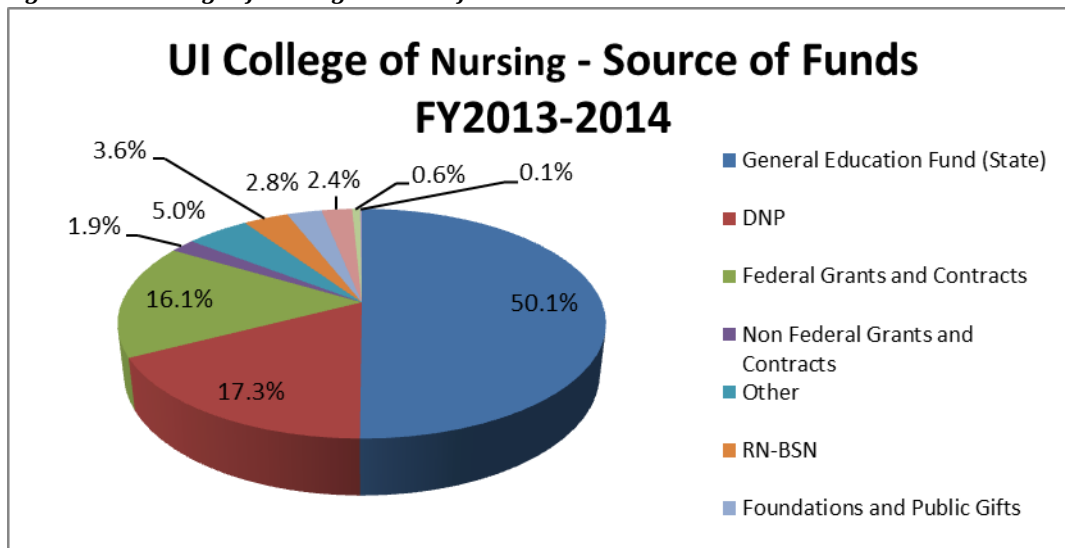*Figure 24: UI College of Nursing Revenues for Fiscal Year 2014*

Table 26: UI College of Nursing Revenue for Fiscal Year 2014

Revenue		
General Education Fund (State)	50.1%	9,284,310
DNP	17.3%	3,208,145
Federal Grants and Contracts	16.1%	2,989,814
Non Federal Grants and Contracts	1.9%	361,187
Other	5.0%	926,054
RN-BSN	3.6%	659,050
Foundations and Public Gifts	2.8%	514,781
FPP	2.4%	448,187
Continuing Education	0.6%	116,951
Student Fees	0.1%	24,245
Total		**$ 18,532,724**

University of Iowa College of Nursing Expenditures for Fiscal Year 2014 (July 1, 2013 through June 30, 2014)

Figure 25: UI College of Nursing Expenditures for Fiscal Year 2014

Table 27: UI College of Nursing Expenditures for Fiscal Year 2015

Expense		
Faculty Salaries	53.3%	7,977,809
Staff Salaries	24.0%	3,588,037
General Expense	12.9%	1,936,575
Other Salaries	2.9%	438,898
FPP Salaries	3.8%	561,893
Student Aid	1.0%	152,408
Equipment	1.4%	205,189
FPP Expense	0.7%	99,842
Total		**$ 14,960,651**

University of Iowa College of Nursing Expenditures for Fiscal Year 2015 (July 1, 2014 through June 30, 2015)

Figure 26: UI College of Nursing Expenditures for Fiscal Year 2015
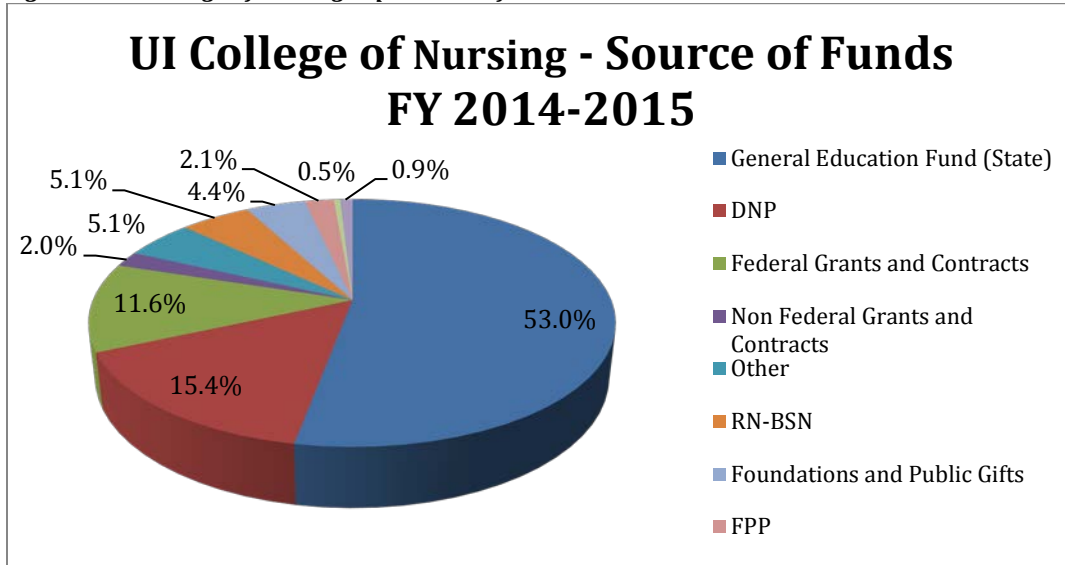
Figure 27: UI College of Nursing Revenue for Fiscal Year 2015

Revenue		
General Education Fund (State)	53.0%	8,562,319
DNP	15.4%	2,487,737
Federal Grants and Contracts	11.6%	1,873,148
Non Federal Grants and Contracts	2.0%	328,093
Other	5.1%	817,252
RN-BSN	5.1%	829,626
Foundations and Public Gifts	4.4%	706,491
FPP	2.1%	341,541
Continuing Educaton	0.5%	75,969
Student Fees	0.9%	147,561
Total		**$ 16,169,736**

University of Iowa College of Nursing Expenditures for Fiscal Year 2015 (July 1, 2014 through June 30, 2015)

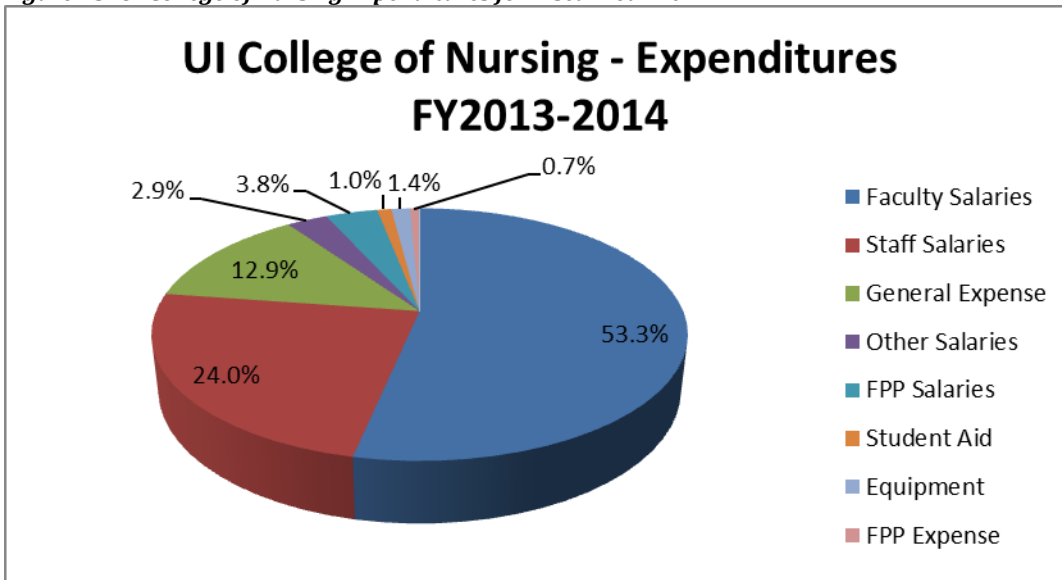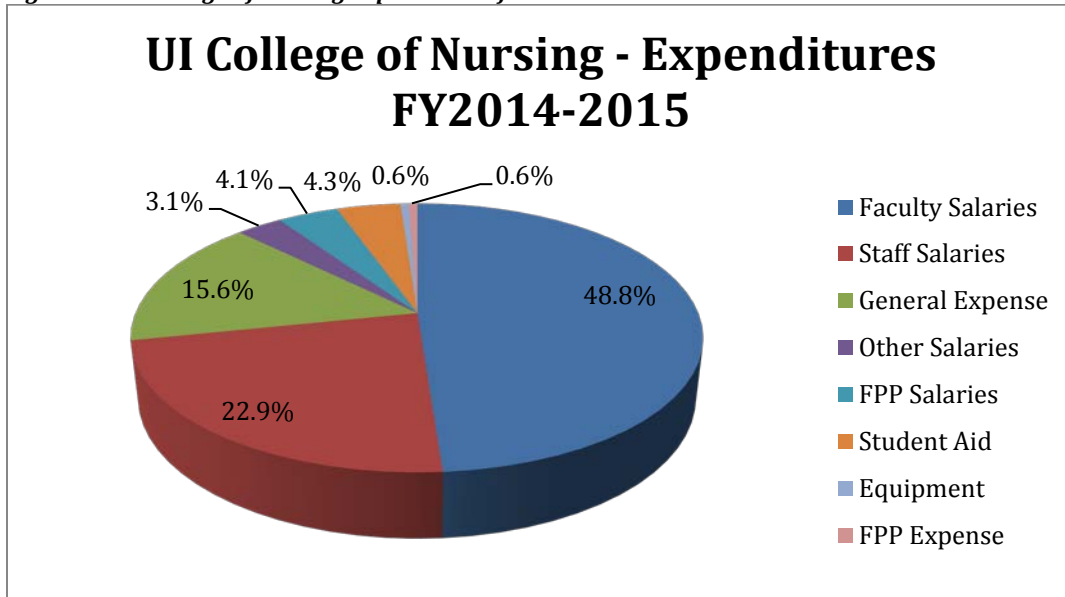*Figure 28: UI College of Nursing Expenditures for Fiscal Year 2015*

Table 28: UI College of Nursing Expenditures for Fiscal year

Expense		
Faculty Salaries	48.8%	$7,972,213
Staff Salaries	22.9%	$3,744,239
General Expense	15.6%	$2,545,647
Other Salaries	3.1%	$505,250
FPP Salaries	4.1%	$668,334
Student Aid	4.3%	$704,621
Equipment	0.6%	$91,379
FPP Expense	0.6%	$95,280
Total		**$ 16,326,964**

Strategy 6.2: Increase philanthropic contributions

The total philanthropic productivity for FY 2014 was $6,573,784 from 1,660 contributors, which was up from 984 contributors in 2013. The average gift per donation per contributor was higher than in previous years. The report on the For Iowa. Forever More. Campaign was also positive. The College of Nursing had raised $19,882,661 towards the new goal of $25 million or roughly 80%.

The FY 2015 total productivity for fundraising from outright gifts and private grant funds received was $1,147,408 (this includes private outright and in-kind gifts, and also grants awarded to the UI through the UIF). The total future gift commitments (pledges and planned gifts) documented was $1,244,827 for a total productivity of $2,392,235 from 1,516 contributors. The report on the For Iowa. Forever More.

Campaign continued to be positive. The College of Nursing had raised $22,119,519 towards the new goal of $25 million; roughly 88%. It is estimated that the CoN will reach the goal of $25 million before the end of the campaign.

Strategy 6.3*: Allocate appropriate resources, equipment and space to assure successful educational and research endeavors*

Faculty and staff salaries exceeded the GEF from the state for both FY 2014 and FY 2015. The unique funding formula for distance education courses and hard work by the faculty and staff led to additional income resulting in a significant net excess in FY 2014. This money was used in the following ways:

- Renovated the restrooms; the CoN needed to upgrade the restrooms and meet current ADA codes;
- Funded the "Dean's" Awards; approximately $900K set aside to fund small pilot grants for 10 researchers to improve the potential for external funding;
- Encumbered funds for Distinguished Scholars. It was envisioned that these mid-career faculty could provide leadership and guidance to early career faculty and advance the position of the college;
    - o Distinguished Scholar in Pain & Palliative Care
    - o Distinguished Scholar in Advancing Science in Health Systems
    - o Distinguished Scholar in Advancing Science in Health Information Technology
    - o Distinguished Scholar for Advancing Science in Education Innovation
- Engaged a search firm to assist the college in locating viable candidates for three of the distinguished scholars' positions;
- Hired adequate faculty to cover all teaching assignments; increased needs are attributed to the following:
    - o Implementation of a workload policy;
    - o Growth of student numbers in both graduate and undergraduate programs;
    - o Planned objective to have two faculty capable of teaching each course.
- Hired faculty to assume Program Director positions in a new DNP program, anticipating robust enrollment;
- Hired faculty in anticipation of upcoming retirements; usually junior faculty into tenure track positions;
- Funded the BOGO scholarship program for the RN-BSN program; augmenting marketing efforts to increase growth in the program;
- Encumbered money for named professorships and chairs, to advance the status of the college;
- Purchased new equipment for the NCEC simulation center to maintain a state-of-the-art center.
- Set aside $2 million for an endowed chair to advance the status of the college; CoN earns interest on this money until it is used;
- Set aside a substantial amount of the money for further building improvements (see paragraph below).

Should there be future years with excess income, proposals for use of the money include:
- College funded Chairs and Professorships
- Additional scholarships for students to maintain student set-aside levels
- Facilities Management improvements and furniture upgrades
- Small grants for research
- Faculty & staff support

The CoN building was opened in 1972 and needs updating. Instructional and research space do not meet the needs of today's educators or scientists. With the changes in pedagogy and technology, a student-centered building with flexibility to adapt to new programs and growth is needed. In the summer of 2014, OPN Architects were hired to explore potential updates to the building. Representatives from OPN met with faculty, staff, students and administration to document current concerns and develop a plan for improvement. A final report was presented to the CoN in May of 2015. Next steps are now being determined, including funding for renovation. Additionally, the needs for the NCEC (Simulation Center) are beyond the capacity of the current center. The Department of Nursing at UIHC and the CoN are discussing possible solutions, including the move of some of the simulation center to the CoN building.

The CoN has determined that targeting philanthropic efforts toward support for graduate students, underrepresented students and students with identified increased financial need, faculty professorships and chairs, and the NCEC will net the greatest gain for the college.
- The CoN currently have gifts for two professorships through a deferred gift.
- A third professorship will be completely funded within the next 3-4 years.

Three initiatives were established to support students:
- Professional development award (endowed fund) to support DNP students advancing care for persons with mental health issues.
- Request for scholarship support for the students of the CRNA program.
- Major gift received through a bequest to support exceptional freshman students.

In 2013-14, the Scholarship Committee of the College of Nursing awarded over $ 330,000 in scholarships and awards to 114 undergraduate and graduate students. In 2014-15, over $ 370,000 in scholarships and awards to 134 undergraduate and graduate students were awarded. Support was provided for tuition, books, student fees and professional development activities. This is a major increase due to additional scholarship support and the positive activity of the investments by the University of Iowa Foundation.

Strategy 6.4*: Expand scope, depth & volume of Faculty Practice in areas of expertise*

Dean Rita Frantz named N. Jane Prater to assume the role of Director, Faculty Practice after the retirement of Patricia Clinton on June 30, 2014. Faculty Practice remains a developing source of supplemental revenue for the college. The House Calls program, serving nursing homes and assisted living facilities, has added two additional sites to the practice, bringing the total number of persons served to more than 500. Additional collaborative arrangements with Linn County Public Health and Heart of Iowa are pending, and when realized will provide an opportunity for population focused care. Pediatric care continues to be provided through the Healthy Kids program contract with the Iowa City Community School District.

The opening of the Sycamore Health Clinic presented serious challenges for faculty and staff during FY 2014. Faculty Practice financial sustainability decreased in FY 2014 due to the need to fully fund faculty salaries and benefits while realizing slow growth in the number of patients seen. The hire of a patient clinic marketing expert aided substantially in the ability to effectively advertise and market this clinic. The CoN was hopeful that dramatic changes to the signage outside of the VNA would attract additional patients once installed (early fall). At the end of FY 2014, Faculty Practice income covered 68% of expenses without the Sycamore Health Clinic and 65% with the clinic included. Unfortunately, in FY 2015 financial sustainability declined to 58% and the decision was made to close the Sycamore Clinic. With the closing of the clinic and improving billings, improvement was noted with financial sustainability at 68% by the end of FY 2015.

APPENDIX A: The University of Iowa College of Nursing Funded Grants Active in FY 2014 & 2015

Listed alphabetically by CoN PI
<u>Underline</u> denotes student Principal Investigator

Lioness Ayres (Investigator)
Optimizing Fidelity of Interpersonal Psychotherapy for Depression
NIH R21 (MH097041; PI: Scott Stuart, UI)
$689,951
8/1/2012 - 8/31/2018

Richard Bogue (Investigator)
Transitional care teams to improve quality and reduce costs for rural patients with complex illness
Centers for Medicare and Medicaid Services Innovations Grant (CMS331012, PI: Gary Rosenthal)
$7,662,278
7/1/2012 - 6/30/2015

<u>Star Booker</u> (PI)
Effect of African American Elders' Pain Perceptions on Chronic Pain Treatment Preference
John A. Hartford Foundation BAGNC Predoctoral Fellowship (13-106)
$95,000
7/1/2013 - 10/30/2016

Ann Bossen (PI)
Education on Nature Based Interventions for Nursing Home Staff, Families and Volunteers
UI Hartford Center Pilot grant
$14,940
1/1/2015 - 6/30/2016

Kathleen Buckwalter (Consultant)
An Innovative Caregiver Tool to Assess and Manage Behavioral Symptoms of Dementia (R01NR014200, MPI: Kales & Gitlin)
$1,649,954
9/27/2012 – 12/31/2016

Howard Butcher (PI)
Linguistic Analysis of Structured Written Emotional Expression: Revealing What is Revealed
Obermann Center Interdisciplinary Research Grant
$6,000
5/15/2014 - 8/15/2014

Howard Butcher (PI)
Butcher (2015) EBP Web Expansion Grant
UI Hartford Center Pilot grant
$10,000
1/1/2015 – 6/30/2016

Howard Butcher (PI)
Butcher (2015) Gero Book Expansion to Web Modules
UI Hartford Center Pilot grant
$10,000
1/1/2015 – 6/30/2016

M. Kathleen Clark (PI)
Body Composition Intervention for Older Women Seeking Weight Management Treatment
UI Hartford Center Pilot grant
$15,790
1/1/2013 – 12/31/2013

M. Kathleen Clark (PI)
Muscle Matters: Reframing Weight Management for Seniors
UI College of Nursing Dean's Research Award
$57,975
4/23/2015 - 4/22/2016

Ken Culp/Sandra Ramey/Kerri Rupe (Investigator)
Education & Research Center for Occupational Health (Heartland Center)
NIOSH T42 (OH008491; PI: Patrick O'Schaughnessy)
$26,822,290
7/1/2000 - 6/30/2019

Sandra Daack-Hirsch (PI)
Addressing the Decline in the Uptake of the Iowa Maternal and Prenatal Screening Program
Iowa Department of Public Health Research grant
$50,000
11/1/2012 - 10/31/2014

Sandra Daack-Hirsch (PI)
Personal Perspective and Provider Communication of Genomic Risk for T2DM
NIH K23 (NR012972)
$373,631
9/1/2011 - 12/31/2014

Sandra Daack-Hirsch (PI)
Personalizing Familial Risk Perception for Type 2 Diabetes Mellitus
UI College of Nursing Dean's Research Award
$62,754
11/1/2014 - 10/31/2016

Nancy Downing (Investigator)
Validation of the HD-QOL (Huntington disease
quality of life measure)
NIH R01 (NS077946; PI: Noelle Carlozzi, U Mich)
$345,582
5/15/2012 - 4/30/2017

Nancy Downing (PI)
Validation of a Computer Application for at-Home
Cognitive and Motor Assessment of Patients with
the Huntington Disease Mutation
UI College of Nursing Dean's Research Award
$95,070
2/1/2015 - 1/31/2016

Nancy Downing (PI)
A Text-Messaging Program to Improve Medical
Follow-Up for Patients Receiving Sexual Assault
Exams in the Emergency Department
UIHC Research/EBP Pilot grant
$3,000
4/1/2014 - 3/31/2015

Nancy Downing (PI)
Body Composition as Biomarker in Prodromal
Huntington Disease
Midwest Nursing Research Society Seed Grant
$10,000
4/1/2012 – 7/1/2013

Anne Ersig (PI)
Stressors and Anxiety Responses in Adolescents with
Chronic Illness
Midwest Nursing Research Society Seed grant
$9,967
7/1/2010 - 12/31/2014

Anne Ersig (PI)
Biological, Psychological and Social Factors
Associated with Self-Management
in Emerging Adults with Chronic Conditions
UI College of Nursing Dean's Research Award
$60,695
2/1/2015 - 1/31/2016

Anne Ersig (PI)
Longitudinal Communication Networks in Families at
Risk of Colorectal Cancer - Pilot Testing
UI OVPRED Social Science Funding Program Pilot
grant

$16,219
6/1/2011 - 12/31/2014

Amany Farag (PI)
ER Medication Errors Reporting: Examining the Role
of Work Environment and Organizational Trust
Council on Graduate Education for Administration in
Nursing (CGEAN) Research grant
$2,499
9/1/2013 - 8/31/2015

Amany Farag (PI)
Examining the Role of Organizational Trust in Nurses'
Willingness to Report Medication Errors
Midwest Nursing Research Society New Investigator
Grant
$10,000
4/1/2013 - 3/31/2015

Amany Farag (PI)
Medication Errors Reporting in Long Term Care
Facilities (LTC)
UI Hartford Center Pilot grant
$14,048
1/1/2014 - 12/31/2014

Jan Foote (PI)
Development and Psychometric Testing of the
Neonatal Growth Measurement Survey
UIHC Research/EBP Pilot grant
$2,998
4/1/2014 - 3/31/2015

Rita Frantz (PI)
Implementation of Nurse Residency Programs by the
Iowa Action Coalition
RWJF State Implementation Program (SIP)
$55,000
2/1/2013 - 1/31/2016

Sue Gardner (PI)
Barbara Rakel (Investigator)
Severe Pain During Wound Care Procedures: Model
and Mechanisms
NIH R01 (NR015642)
$2,484,206
6/1/2015 - 3/31/2020

APPENDIX A: The University of Iowa College of Nursing Funded Grants
Active in FY 2014 & 2015
Listed alphabetically by CoN PI
Underline denotes student Principal Investigator

Sue Gardner (Investigator)
Decoding the microbial bioburden of diabetic foot ulcers: A metagenomic approach
NIH R01 (NR015639; PI: Elizabeth Grice, U Penn)
$53,164
5/1/2015 - 2/28/2018

Stephanie Gilbertson-White (PI)
Acceptability of Using Telehealth Technologies as part of Cancer Symptom Management Program in a Community Cancer Clinic
Iowa Department of Public Health / Iowa Cancer Consortium Pilot Grant
$5,000
11/1/2015 - 6/1/2016

Stephanie Gilbertson-White (PI)
A Biobehavioral Approach to Studying the Meaning of Symptoms in Patients with Advanced Cancer
Sigma Theta Tau Pilot grant
$5,362
1/1/2014 - 12/31/2014

Stephanie Gilbertson-White (PI)
Intervention Development Pilot for Symptom Management for Patients with Advanced Cancer
UI College of Nursing Dean's Research Award
$65,170
2/1/2015 - 12/31/2016

Stephanie Gilbertson-White (PI)
Older Adults' Cancer Symptoms: Cognitive Appraisal & Inflammatory Response
UI Hartford Center Pilot grant
$31,155
1/1/2014 – 6/30/2016

Alejandra Gonzalez (PI)
Perception of the College Hookup Culture for Sexual Minority Women
Iowa Center for Research by Undergraduates (ICRU) Pilot grant
$900
1/8/2015 - 5/31/2016

Ruth Grossmann (Site-PI)
Vitamin D for Enhancing the Immune System in Cystic Fibrosis
Cystic Fibrosis Foundation (S949210; Subcontract from Emory, PI: Vin Tangpricha)
$33,893
1/1/2013 - 6/30/2016

Ruth Grossmann (PI)
Metabolomic Biomarkers of a Nutritional Intervention to Prevent Weight Gain
NIH K01 (GM109309)
$618,732
9/30/2013 - 8/31/2017

Patricia Groves (PI)
Assessing the Feasibility of a Patient-Safety Simulation Experiment
UI College of Nursing Dean's Research Award
$50,960
11/1/2014 - 10/31/2016

Katie Hadlandsmyth (PI)
Preventing Persistent Pain and Reducing Depressive and Anxious Symptoms Following Masectomy
UI Holden Comprehensive Cancer Center Diana Benz Award
$19,982
12/1/2014 - 11/30/2015

Keela Herr and Ann Marie McCarthy (MPI)
Pain and Associated Symptoms: Nurse Research Training
NIH T32 (NR011147)
$1,415,370
7/1/2010 - 6/30/2021

Keela Herr (PI)
Kathleen Sluka and Tanya Uden-Holman (co-PI)
UI Center for Excellence in Pain Education (CoEPE)
NIH (NIDA Contract HHSN271201500050C)
$ 914,562
9/1/2015 - 8/31/2020

Keela Herr (PI)
GeriatricPain.Org Expansion Project
UI Hartford Center Pilot grant
$14,900
1/1/2015 - 6/30/2016

APPENDIX A: The University of Iowa College of Nursing Funded Grants
Active in FY 2014 & 2015
Listed alphabetically by CoN PI
<u>Underline</u> denotes student Principal Investigator

Ying-Ling Jao (PI)
Sue Gardner (Investigator)
The Measurement of Weight-bearing Activity and
Activity-associated Pain in Persons with Prior
Diabetic Foot Ulcers
Wound Ostomy Care Nurses Research Grant
$10,000
7/1/2012 – 6/30/2014

Ying-Ling Jao (PI)
Developing an Apathy Scale for Persons with
Dementia Incorporating Environmental Factors
Sigma Theta Tau Pilot Grant
$4,972
6/1/2013 – 5/31/2014

Charmaine Kleiber (PI)
Development and Testing of a Computer Application
to Support Provider Decision-
Making and Parent Distraction with Pediatric IV
Insertions
UI College of Nursing Dean's Research Award
$73,576
11/1/2014 - 10/31/2016

Cynthia LaFond (PI)
Piloting "A Picture of Pain" in the Pediatric Intensive
Care Unit
Mayday Foundation Research grant
$34,034
1/1/2015 - 12/31/2016

Jennifer Lee (PI: Elizabeth Cullen, UIHC)
Efficacy of a Home Exercise Program for Lung Cancer
Survivors: A Patient-centered Study
Daisy Foundation Research grant
$5,000
3/1/2014 - 8/31/2016

Melissa Lehan-Mackin (PI)
Autism Research Working Group
Obermann Center Interdisciplinary Working Group
$1,000
1/1/2012 - 12/31/2014

Melissa Lehan-Mackin (PI)
Levels and Gaps in Sexual Health Knowledge for
Adolescents with Autism
UI College of Nursing Dean's Research Award
$91,133
11/1/2014 - 12/31/2016

Kirstin Manges (PI)
Teams' Shared Mental Models & Patient Discharge
Readiness
Midwest Nursing Society Dissertation Grant
$2,500
4/1/2016 – 3/31/2017

Ann Marie McCarthy (PI)
University of Iowa Injury Prevention Research Center
(R49 CE002108, PI: Peek-ASA)
CDC Training grant
$4,064,663
8/1/2012 - 7/31/2017

Ann Marie McCarthy (PI)
Administration of Medication in the Schools:
Research Proposal
Mylan Pharmaceuticals Research grant
$17,500
9/1/2014 - 6/30/2015

Ann Marie McCarthy (Investigator)
ICTS: University of Iowa Clinical and Translational
Science Program
NIH U54 (TR001356; PI: Gary Rosenthal, UI)
$3,560,718
8/14/2015 - 7/31/2017

Sue Moorhead (PI)
Strategic Initiative Funds (SIF)
UI Graduate College Training grant
$66,000
7/1/2013 - 6/30/2015

Pamela Mulder (PI)
Balancing the promotion of breastfeeding and
prevention of dehydration in newborn infants: a
feasibility study
UI College of Nursing Dean's Research Award
$79,607
11/1/2014 - 10/31/2016

APPENDIX A: The University of Iowa College of Nursing Funded Grants
Active in FY 2014 & 2015
Listed alphabetically by CoN PI
<u>Underline</u> denotes student Principal Investigator

Hyunkyoung Oh (PI)
Validation of Nursing-Sensitive Knowledge and Self-Management Outcomes for Adults with Cardiovascular Diseases and Diabetes
Sigma Theta Tau International Dissertation grant
$1,700
4/15/2015 - 5/31/2016

Cormac O'Sullivan (PI)
Nurse Anesthetist Traineeship
HRSA Training grant
$15,194
7/1/2015 - 6/30/2016

Rebecca Porter/Sharon Tucker/Ann Williamson (PI)
Effect of 'booster doses' of mindfulness meditation on registered nurse well-being and stress management
American Nurses Foundation (ANF) Research grant
$4,837
9/1/2013 - 8/31/2015

Barbara Rakel (PI)
Effect of TENS on Pain and Function after TKR
DJO-EMPI contract
$106,000
7/1/2012 – 10/31/2013

Barbara Rakel (Investigator)
Fibromyalgia Activity Study with TENS "FAST"
NIH UM1 (AR063381; PI: Kathleen Sluka, UI)
$3,325,699
7/1/2013 - 6/30/2018

Barbara Rakel (PI)
Barbara St. Marie (Investigator)
Toni Tripp-Reimer (Investigator)
Preventing Persistent Post-Surgical Pain & Opioid Use in Veterans: Effect of ACT
NIH (NCCAM/NIDA) R34 (AT008349)
$679,500
9/1/2014 - 6/30/2017

Sandra Ramey (Site-PI)
Evaluating Stress Resilience: A Work site Intervention to Reduce Stress and CVD Risk Factors in Police (PI: Milwaukee Police Dept)
U.S. Dept. of Justice Research grant
(2012CKWXK002, PI: Sgt. Denmark Morrison, Milwakee Police Department)
$50,000
4/1/2013 – 2/29/2016

Jill Scott-Cawiezell (Investigator)
Evaluation of TeamSTEPPS Implementation for Community Hospital Patient Safety
AHRQ R18 (HS018396; PI: Marcia Ward, UI)
$2,464,215
9/30/2010 - 7/31/2016

Jill Scott-Cawiezell (PI)
Exploring the role of patient-level factors in hospital readmisisons
U.S. Dept. of Veterans Affairs Intergovernmental Personnel Act (IPA)
$17,600
10/1/2013 - 9/30/2014

Jill Scott-Cawiezell (PI)
VA Quality Scholar Program
U.S. Dept. of Veterans Affairs Intergovernmental Personnel Act (IPA)
$51,990
10/1/2013 - 6/30/2017

Lisa Segre (PI)
Implementing Listening Visits in Maternal Child Health
Iowa Department of Public Health Research grant
$48,487
10/1/2013 - 9/30/2015

<u>Lisa Shah</u> (PI)
Family Communication of Genetic Risk for Cardiac Disease
Midwest Nursing Research Society Dissertation grant
$2,500
7/1/2014 - 6/30/2015

APPENDIX A: The University of Iowa College of Nursing Funded Grants
Active in FY 2014 & 2015
Listed alphabetically by CoN PI
Underline denotes student Principal Investigator

Lisa Shah (PI)
Family Communication of Genetic Risk for Cardiac Disease
Midwest Nursing Research Society Student Research Scholars' Award
$2,500
7/1/2014 - 6/30/2016

Lisa Shah (PI)
Communication of Genetic Risk for Sudden Cardiac Death from Probands to Relatives
NIH (NINR) F31 (NR014758)
$103,117
1/1/2015 - 12/31/2016

Marianne Smith (PI)
Improving Mood in Assisted Living Using a Cognitive Training Intervention (R01 NR013908) Specht Investigator
NIH R01 (NR013908)
$2,909,741
9/26/2012 - 6/30/2017

Marianne Smith (PI)
Interprofessional Strategic Healthcare Alliance for Rural Education: iSHARE
Geriatric Workforce Education Program (U1Q HP28731)
Health Research Services Administration (HRSA)
$846,843
7/1/2015 – 6/30/2018

Marianne Smith (Investigator)
Extension Connection: Advancing Dementia Care for Rural and Hispanic Populations
Patient Centered Outcomes Research Institute (PCORI) Research grant (PI: Ryan Carnahan, UI)
$1,612,680
5/1/2013 - 4/30/2016
Specht, Janet (site-PI)
Perkhounkova, Elena (site-PI)
Correlates among nocturnal agitation, sleep, and urinary incontinence in dementia
NIH R21 (NR013541; PI: Karen Rose, UVA)
$96,800
4/1/2012 – 3/31/2014

Barbara St. Marie (PI)
The Experiences and Perceptions of Advanced Practice Nurses Caring for Patients with Coexisting Substance Use Disorder and Chronic Pain
American Society for Pain Management Nursing Research grant
$5,000
12/1/2013 - 12/31/2016

Barbara St. Marie (PI)
The Experiences of People Living with Chronic Pain While Receiving Opioids to Manage Their Pain
Nurse Practitioner Healthcare Foundation (NPHF) Purdue Pharma LP Pain Management Award
$5,000
1/1/2013 - 12/1/2016

Barbara St. Marie (PI)
Prescriptive Decision Support for Persistent Pain and Risk for Opiod Misuse
UI College of Nursing Dean's Research Award
$59,774
11/1/2014 - 10/31/2016

Victoria Steelman (PI)
Implementing Safe Practices for Prevention of Perioperative Hypothermia
AHRQ R18 (HS021422)
$494,211
9/30/2013 - 9/29/2016

Victoria Steelman (PI)
Quantifying the Cost of an Incorrect Surgical Sponge Count
RF Surgical Systems Contract
$59,831
11/27/2013 - 7/31/2015

Janette Taylor (PI)
A Holistic Model of Wellness and Care for LGBTQI People: Phase 1 Pilot
Sigma Theta Tau-Gamma Research grant
$2,000
7/1/2014 - 6/30/2015

APPENDIX A: The University of Iowa College of Nursing Funded Grants Active in FY 2014 & 2015

Listed alphabetically by CoN PI
Underline denotes student Principal Investigator

Janette Taylor (PI)
A Holistic Model of Wellness and Care for LGBTQI People
Obermann Center Interdisciplinary Research Grant
$6,000
5/15/2014 - 8/15/2014

Janette Taylor (PI)
Indigo Ink: An Academic Writing and Accountability Group for Faculty of Color
Obermann Center Interdisciplinary Working Group
$1,000
8/15/2013 - 5/15/2014

Sharon Tucker (Investigator)
Comparing Two Parenting Programs for At-Risk Families (PI: Deborah Gross)
NIH R01 (NR012444; PI: Deborah Gross, Johns Hopkins)
$3,107,977
9/1/2011 - 7/31/2016

Sharon Tucker (PI)
Strengthening the CardioMetabolic Clinic Program for Child/Adolescent Weight Loss with Innovative Behavioral Strategies
UIHC Stead Grant Pediatric Excellence/Leadership Award
5/1/2014 - 4/30/2015

Sharon Tucker (PI)
Worksite Physical Activity Intervention for Ambulatory Clinic
Worksite Physical Activity Intervention for Ambulatory Clinic Registered Nursing Staff
UI Healthier Workforce Center for Excellence Pilot
$14,974
2/17/2013 - 7/31/2014

Jill Valde and Janet Hosking (PI)
Benefits of UIHC's Nurse Residency Program EBP Curriculum and Project on Evidence-Based Self Efficacy and EBP Behaviors and Practices
UIHC Research/EBP Pilot grant
$2,977
4/1/2014 - 3/31/2015

Andrea Wallace (PI)
Nurse Faculty Scholars Program: Implementation of Diabetes Self-Management Support in Community Primary Care
RWJF Nurse Faculty Scholars
$350,000
9/1/2010 - 8/31/2014

Andrea Wallace (PI)
Exploring the role of patient-level factors in hospital readmisisons
U.S. Dept. of Veterans Affairs Intergovernmental Personnel Act (IPA)
$23,654
9/1/2013 - 8/31/2014

Andrea Wallace (PI)
Supporting Diabetes Self-Management with Collaborative Goal-Setting: The Role of PCPs
UI College of Nursing Dean's Research Award
$110,191
11/1/2014 - 6/30/2016

Andrea Wallace (PI)
Todd Papke (Investigator)
Development of the Going Home Toolkit: A Community-Academic Collaborative to Improve Care Transitions for Rural Iowans
UI Office of Outreach and Engagement Community Impact Grant
$9,995
7/1/2015 – 6/30/2016

Janet Williams (Investigator)
Neurobiological Preditors of Huntington's Disease (Predict-HD)
NIH R01 (NS040068; Site PI: Jane Paulsen, UI)
$52,433,156
4/1/2000 - 5/31/2017

Kristine Williams (PI)
Hartford Center of Geriatric Nursing Excellence
John A. Hartford Foundation Center grant
$2,970,234
1/1/2007 - 6/30/2016

APPENDIX A: The University of Iowa College of Nursing Funded Grants
Active in FY 2014 & 2015
Listed alphabetically by CoN PI
<u>Underline</u> denotes student Principal Investigator

Kristine Williams (PI)
Using Telehealth Technology to Improve
Individualized Care for Dementia Patients (University
of Iowa College of Nusing Quality Improvement
Initiative Grant (MED-14-015))
Iowa Department of Human Services Penalty funds
$32,765
1/1/2014 - 12/31/2015

Kristine Williams (PI)
Changing Talk to Reduce Resistiveness to Dementia
Care (CHAT)
NIH R01 (NR011455)
$951,197
1/1/2013 - 12/31/2015

Kristine Williams (PI)
Supporting Family Caregivers with Technology for
Dementia Home Care (FamTechCare)

NIH R01 (NR014737)
$1,891,440
3/4/2014 - 1/31/2018

Kristine Williams (Investigator)
In-Home Monitoring in Support of Caregivers for
Patients with Dementia
NSF EAGER (CNS-1258315; PI: Russell Waitman,
Kansas University Medical Center)
$27,407
10/1/2012 - 9/30/2014

Kristine Williams (PI)
FamTechCare
Pappajohn Entrepreneurial Center Business Pitch
Competition
$3,000
4/15/2013 - 12/31/2015

Appendix B: The University of Iowa College of Nursing Publications
Faculty, Staff and Student Publications 2014-2015
Listed alphabetically by first CoN author
<u>Underline</u> denotes student author

2014 Publications

Chlan, L.L., **Buckwalter, K.C.** (2014). Midwest nursing research society news. *Western Journal of Nursing Research*, *36(3)*, 427-429.

Cohen-Mansfield, J., **Buckwalter, K.**, Beattie, E., Rose, K., Neville, C., & Kolanowski, A. (2014). Expanded review criteria: The case of nonpharmacological interventions in Dementia. *Journal of Alzheimer's Disease*, *41(1)*, 15-28.

Forbes, D., Austin, W., Haase, M., Boyd, M.A., Garand, L., Gerdner, L.A., Wakefield, B.J., & **Buckwalter, K.** (2014). Neurocognitive disorders: Delirium and dementia. In W. Austin & M. Boyd (Eds.), *Psychiatric and Mental Health Nursing For Canadian Practice*, 780-819.

Friedemann, M.L., & **Buckwalter, K.C.** (2014). Family caregiver role and burden related to gender and family relationships. *Journal of Family Nursing*, *20(3)*, 313-336.

Friedemann, M.L., Newman, F.L., **Buckwalter, K.C.**, & Montgomery, R.J.V. (2014). Resource need and use of multiethnic caregivers of elders in their homes. *Journal of Advanced Nursing*, *70(3)*, 662-673.

Hadidi, N.N., Cullen, K.R., Hall, L.M.J., Lindquist, R., **Buckwalter, K.C.**, & Mathews, E. (2014). Functional magnetic resonance imaging as experienced by stroke survivors. *Research in Gerontological Nursing, 7(5)*, 200-205.

Kales, H. C., Gitlin, L. N, Lyketsos, K. for the Detroit Expert Panel on the Assessment and Management of Neuropsychiatric Symptoms of Dementia (including **K. Buckwalter**). (2014). Management of neuropsychiatric symptoms of dementia in clinical settings: Recommendations from a multidisciplinary expert panel. *Journal of the American Geriatrics Society*, *62(4)*, 762-769.

Riley, R.J., Burgener, S., & **Buckwalter, K.C.** (2014). Anxiety and stigma in dementia: A threat to aging in place. *Nursing Clinics of North America*, *49(2)*, 213-231.

Butcher, H. K., & Malinski, V. M. (2014). Introducing the theorist. *Nursing theories and Nursing Practice, 4,* 237-261

Dyck, M.J., Schwindenhammer, T., & **Butcher, H.K.** (2014). Evidence-based practice guideline: Quality improvement in nursing homes. *Journal of Gerontological Nursing, 40 (7)*, 21-31.

Futrell, M., Melillo K.D., Remington R., & **Butcher H.K.** (2014). Evidence-based practice guideline: wandering. *J Gerontol Nurs.*, *40(11),* 16-23.

Gallagher, M., Hall, G.R., & **Butcher, H.K.** (2014). Bathing persons with Alzheimer's disease and related dementias. *J Gerontol Nurs., 40(2)*, 14-20.

Clinton, P. (2014). A blueprint for practice: Pediatric nursing: Scope and standards of practice. *Journal of Pediatric Health Care, 28 (1)*, pp. 1-2.

Dreher, M.C., **Clinton, P.**, & Sperhac, A. (2014). Can the institute of medicine trump the dominant logic of nursing? Leading change in advanced practice education. *Journal of Professional Nursing, 30 (2)*, pp. 104-109.

Daack-Hirsch, S., & Campbell, C.A. (2014). The role of patient engagement in personalized healthcare. *Personalized Medicine, 11 (1)*, 1-4.

Downing, N., Kim, J.I., **Williams, J. K.**, Long, J. L., Mills, J. A., & Paulsen, J. S. and the PREDICT-HD researchers (2014). WHODAS 2.0 in prodromal Huntington disease: Measures of functioning in neuropsychiatric disease. *European Journal of Human Genetics, 22*(8), 958-963.

Younes, L., Ratnanather, J.T., Brown, T., Aylward, E., Nopoulos, P.,...**Downing, N**....et al. (2014). Regionally selective atrophy of subcortical structures in prodromal HD as revealed by statistical shape analysis. *Human Brain Mapping, 35(3)*, 792-809.

Foote, J. M. (2014). Optimizing linear growth measurement in children. *Journal of Pediatric Health Care, 28(5)*, 413-419.

Gardner, S. E., <u>**Blodgett, N. P.**</u>, Hillis, S. L., Borhart, E., Malloy, L., Abbott, L., Pezzella, P., ... **Rakel, B. A**. (2014). HI-TENS reduces moderate-to-severe pain associated with most wound care procedures: A pilot study. *Biological Research for Nursing, 16*(3), 310-319.

Gardner, S. E., Haleem, A., <u>**Jao, Y. L.**</u>, Hillis, S.L., Femino, J. E., Phisitkul, P., ..., Franciscus, C. L. (2014). Cultures of diabetic foot ulcers without clinical signs of infection do not predict outcomes. *Diabetes Care*.

Haleem, A., Schultz, J. S., Heilmann, K. P., Dohrn, C. L., Diekema, D. J., & **Gardner, S. E**. (2014). Concordance of nasal and diabetic foot ulcer staphylococcal colonization. *Diagnostic Microbiology and Infectious Disease, 79*, 85-89.

Misic, A. M., **Gardner, S.**, & Grice, E. A. (2014). The wound microbiome: Modern approaches to examining the role of microorganisms in impaired chronic wound healing. *Advances in Wound Care, 3(7),* 502-510.

Vu, B.G., Stach, C.S., Salgado-Pabón, W., Diekema, D.J., **Gardner, S.E.**, & Schlievert, P.M. (2014). Superantigens of staphylococcus aureus From patients with diabetic foot ulcers. *Journal of Infectious Diseases, 210(12),* 1920-1927.

Grady, M. (2014). Acute confusion. *Nursing diagnosis handbook: An evidence-based guide to planning care (10th ed.,* pp. 225-230). Maryland Heights, Mo: Mosby/Elsevier.

Grady, M. (2014). Adult failure to thrive. In B. J. Ackley & G. B. Ladwig (Eds.), *Nursing diagnosis handbook: An evidence-based guide to planning care* (10th ed., pp. 327-332). Maryland Heights, MO: Mosby/Elsevier.

Grady, M. (2014). Chronic confusion. In B. J. Ackley & G. B. Ladwig (Eds.), *Nursing diagnosis handbook: An Evidence-based guide to planning care* (10th ed., pp. 230-238). Maryland Heights, MO: Mosby/Elsevier.

Grady, M. (2014). Deficient diversional activity. In B. J. Ackley & G. B. Ladwig (Eds.), *Nursing diagnosis handbook: An Evidence-based guide to planning care* (10th ed., pp. 313-318). Maryland Heights, MO: Mosby/Elsevier.

Grady, M. (2014). Functional incontinence. In B. J. Ackley & G. B. Ladwig (Eds.), *Nursing diagnosis handbook: An Evidence-based guide to planning care* (10th ed., pp. 451-455). Maryland Heights, MO: Mosby/Elsevier.

Grady, M. (2014). Stress urinary incontinence. In B. J. Ackley & G. B. Ladwig (Eds.), *Nursing diagnosis handbook: An Evidence-based guide to planning care* (10th ed., pp. 460-464). Maryland Heights, MO: Mosby/Elsevier.

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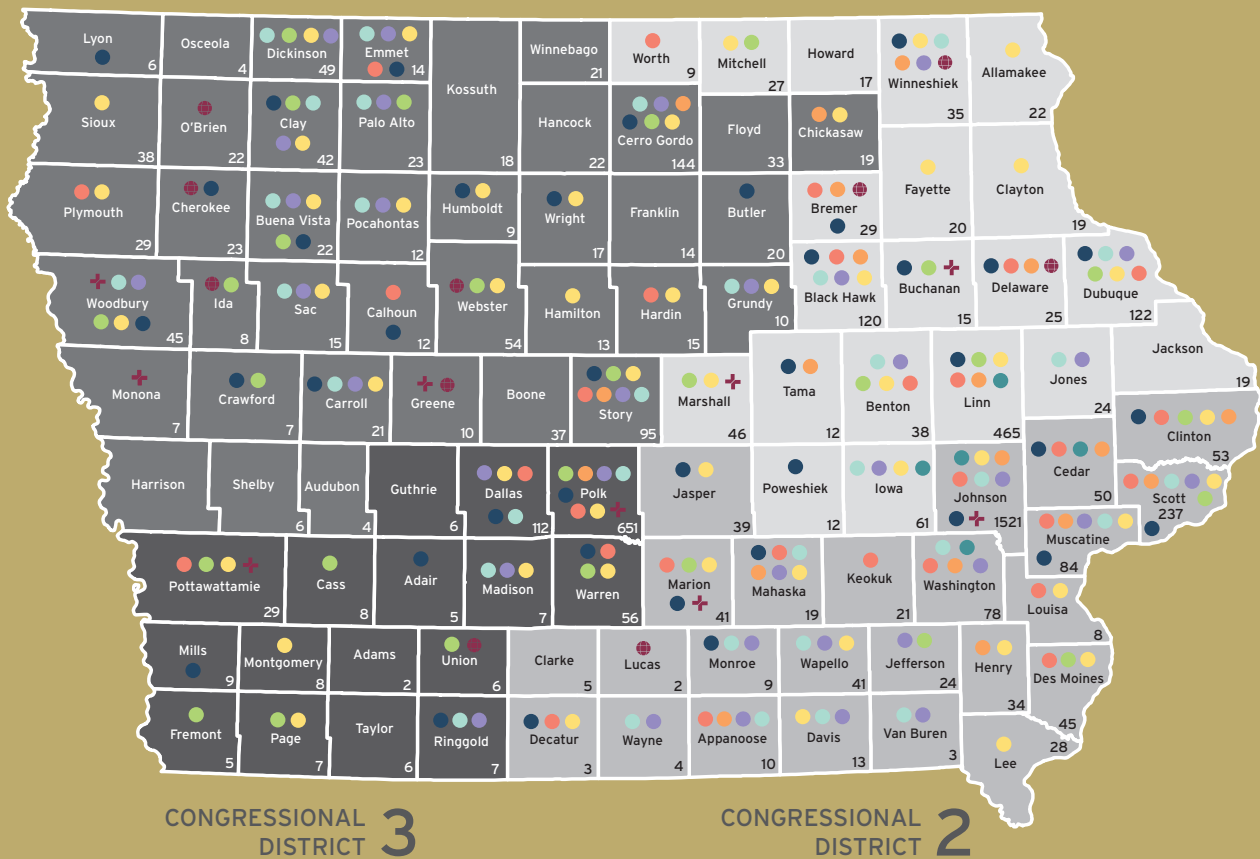cognition in prodromal Huntington disease. *Neuropsychology, 29(2)*, 255-267.

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UNIVERSITY OF IOWA COLLEGE OF NURSING

ENGAGEMENT WITH THE STATE

CONGRESSIONAL DISTRICT 4

CONGRESSIONAL DISTRICT 1

CONGRESSIONAL DISTRICT 3

CONGRESSIONAL DISTRICT 2

County	Number
Lyon	6
Osceola	4
Dickinson	49
Emmet	14
Winnebago	21
Worth	9
Mitchell	27
Howard	17
Winneshiek	35
Allamakee	22
Sioux	38
O'Brien	22
Clay	42
Palo Alto	23
Kossuth	18
Hancock	22
Cerro Gordo	144
Floyd	33
Chickasaw	19
Fayette	20
Clayton	19
Plymouth	29
Cherokee	23
Buena Vista	22
Pocahontas	12
Humboldt	9
Wright	17
Franklin	14
Butler	20
Bremer	29
Black Hawk	120
Buchanan	15
Delaware	25
Dubuque	122
Woodbury	45
Ida	8
Sac	15
Calhoun	12
Webster	54
Hamilton	13
Hardin	15
Grundy	10
Jackson	19
Monona	7
Crawford	7
Carroll	21
Greene	10
Boone	37
Story	95
Marshall	46
Tama	12
Benton	38
Linn	465
Jones	24
Clinton	53
Harrison	—
Shelby	—
Audubon	6
Guthrie	4
Dallas	6
Polk	112
Jasper	651
Poweshiek	39
Iowa	12
Johnson	61 / 1521
Cedar	50
Scott	237
Muscatine	84
Pottawattamie	29
Cass	8
Adair	5
Madison	7
Warren	56
Marion	41
Mahaska	19
Keokuk	21
Washington	78
Louisa	8
Mills	9
Montgomery	8
Adams	—
Union	6
Clarke	5
Lucas	2
Monroe	9
Wapello	41
Jefferson	24
Henry	34
Des Moines	45
Fremont	5
Page	7
Taylor	6
Ringgold	7
Decatur	3
Wayne	4
Appanoose	10
Davis	13
Van Buren	3
Lee	28

KEY

*Numbers in each county reflect living alumni

Iowa Nurse Residency Programs
✚ Blended   ⊕ Online

- DNP Students
- CRNA Clinical Sites
- CRNA Class of 2014
- DNP Preceptors
- RN-BSN Students
- RN-BSN Preceptors
- BSN/Pre-licensure Preceptors
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